S & W WASTE, INC.

115 Jacobus Avenue, South Kearny, N J 07032 (201) 344 - 4004

Generator's Waste Material Profile Sheet

OFFICIAL USE ONLY

APPROVAL CODE 010
CUSTOMER NO. 010715
LSR # 09997
B #
TECHNICAL REP. INITIALS JP

A. GENERATOR INFORMATION

GENERATOR NAME New Brunswick Plating
E.P.A. ID NO. NJD 002 145 886 MAILING ADDRESS
WASTE PICK-UP ADDRESS 596 Jersey Ave New Brunswick NJ 08903
TECH. CONTACT Bob Sica / Red TITLE PHONE (201) 545-6522
WASTE NAME Metal Hydroxide Sludge
PROCESS GENERATING WASTE Wastewater Treatment of Electroplating Waste

B. WASTE CHARACTERISTICS: COLOR Green ODOR None

CHEMICAL TYPE: ☐ ORGANIC ☒ INORGANIC ☐ CHLORINATED ORGANIC

PHYSICAL STATE @ 70°F % LIQUID
☒ SOLID ☐ POWDER % H_2O
☐ LIQUID ☐ SEMI-SOLID % SOLIDS

LAYERS: ☒ SINGLE ☐ MULTI LAYERED ☐ BILAYERED

FLASH POINT (°F)
☐ ≤ 100 ☐ O.C. ☐ C.C.
☐ 100-140 ☐ 140-200 ☐ EXACT
☒ ≥ 200

FUEL /SOLVENTS
BTU/GAL None % SULFUR
% CHLORIDE 0.0 % ASH
% FLUORIDE BS&W

AQUEOUS
TOC COD
% TOTAL SOLIDS
% FATS, OIL & GREASE

SPECIFIC GRAVITY: EXACT
☐ < 0.8 ☐ 1.0 - 1.1 ☐ 1.3 - 1.5
☐ 0.8 - 0.9 ☐ 1.1 - 1.2 ☐ 1.5 - 1.7
☒ 0.9 - 1.0 ☐ 1.2 - 1.3

CORROSIVITY (PH)
☐ ≤ 2 ☐ 7.0 - 8.5 ☐ ≥ 12.5
☐ 2.1 - 4 ☐ 8.5 - 10.0 ☐ EXACT
☒ 4.1 - 6.9 ☐ 10.1 - 12.5

C. CHEMICAL COMPOSITION (MUST TOTAL 100 %) %

Metal Hydroxide Sludge	100

UPDATE NEEDED
REQ. BY: C. C.
DATE: 4-4-90
*IF UPDATE NOT AUTHORIZED BY 5-4-90 NEXT PICKUP CANNOT BE MADE

D. METALS ☒ TOTAL (mg/kg or ppm) ☐ TCLP (mg/l)

ALUMINUM	TRACE	LITHIUM	ND
ANTIMONY	ND	MAGNESIUM	ND
ARSENIC	<1 <0.01	MERCURY	ND <0.01
BARIUM	ND <0.10	NICKEL	>134 mg/l
BERYLLIUM	ND	SELENIUM	ND <0.01
CADMIUM	>100 mg/l <0.10	SILVER	<1 <0.10
CHROMIUM	ND <0.10	SODIUM	ND
COPPER	<1	THALLIUM	ND
LEAD	>500 mg/l <0.10	ZINC	<1
OTHER			

SEE ATTACHED LSR # 4991

E. HAZARDOUS CONSTITUENT CONCENTRATION (mg/l) IN TCLP EXTRACT (Land disposal prohibition)

spent solvents

Acetone		Methylene chloride	
Benzene		Methylene chloride (from the pharmaceutical industry)	
n-Butyl alcohol		Methyl ethyl ketone	
Carbon disulfide		Methyl isobutyl ketone	
Carbon tetrachloride		Nitrobenzene	
Chlorobenzene		2-Nitropropane	
Cresols (and cresylic acid)		Pyridine	
Cyclohexanone		Tetrachloroethylene	
1, 2-dichlorobenzene		Toluene	
2-Ethoxyethanol		1, 1, 1-Trichloroethane	
Ethyl acetate		1, 1, 2-Trichloroethane	
Ethyl benzene		1, 1, 2-Trichloro-1, 2, 2-trifluoroethane	
Ethyl ether		Trichloroethylene	
Isobutanol		Trichlorofluoromethane	
Methanol		Xylene	

dioxin containing wastes

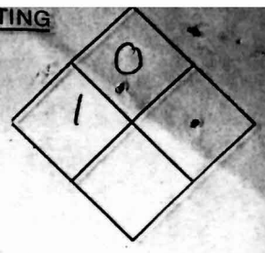
HxCDD—All Hexachlorodibenzo-p-dioxins	
HxCDF—All Hexachlorodibenzofurans	
PeCDD—All Pentachlorodibenzo-p-dioxins	
PeCDF—All Pentachlorodibenzofurans	
TCDD—All Tetrachlorodibenzo-p-dioxins	
TCDF—All Tetrachlorodibenzofurans	
2,4,5-Trichlorophenol	
2,4,6-Trichlorophenol	
2,3,4,6-Tetrachlorophenol	
Pentachlorophenol	

F. OTHER COMPOUNDS ☒ ppm ☐ %

PCB's	6.0	DIISOCYANATES	
PESTICIDES/ HERBICIDES	0.0	AMMONIA	
PHENOLICS		ASBESTOS	
		OTHER	

G. HAZARDOUS CHARACTERISTICS / REACTIVITY

NFPA RATING



- ☐ Radioactive
- ☐ Infectious
- ☐ Toxic
- ☐ Explosive
- ☐ Pyrophoric
- ☐ Oxidizer
- ☐ Carcinogen
- ☐ Mutagen
- ☐ Teratogen
- ☐ Flammable solid
- ☐ Organic Peroxide
- ☐ Water reactive
- ☐ Air reactive
- ☐ Shock sensitive
- ☐ Reactive metals (specify in section D)
- ☐ Reactive cyanide 8.0 ppm.
- ☐ Reactive sulfide 8.0 ppm.
- ☐ Other:
- ☐ TLV___ppm.
- ☐ PEL___ppm.

TOXICITY RATINGS: 1 INHALATION 1 DERMAL 1 ORAL

MSDS ATTACHED: ☐ YES ☑ NO

H. MANIFEST INFORMATION

☐ RCRA Non-Hazardous

Proper DOT shipping name RQ (F006) Hazardous Waste Solid nos

DOT Hazard class ORM-E

UN/NA Number NA9189 EPA/State hazard code T

EPA/State waste type F006

J. SHIPPING INFORMATION

☐ Bulk liquid ☒ Drums

☐ Bulk solid ☐ Other

Shipping frequency: Quantity 1 (55) Per Y4

OFFICIAL USE ONLY

RC 5 Dec 88

I. SPECIAL HANDLING / COMMENTS

[redacted]

12/5/88 Hard Hammers 1/3 Waste Requires Treatment To ccase levels must send notification form with each shipment

RC 6/2/89 $450/DRUM

JK 8 Dec 88 $150/Drum

NO CODE AVAILABLE

K. PROHIBITIONS ON LAND DISPOSAL

(1) Is this a spent solvent waste specified in 40 CFR 261.31 as EPA Hazardous Waste Nos. F001, F002, F003, F004, or F005?
☐ YES ☒ NO

(2) Is this facility a EPA small quantity generator (of 1-100 kilograms of Hazardous Waste per month, and less than one kilogram of acutely Hazardous Waste)?
☐ YES ☒ NO

(3) Is this waste generated from any response action taken under the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA), or any corrective action taken under the Resource Conservation and Recovery Act (RCRA)?
☐ YES ☒ NO

(4) Is this waste a Solvent - Water Mixture, Solvent - Containing Sludge or Solvent - Contaminated Soil (non-CERCLA or RCRA Corrective Action) containing less than 1 percent total F001 - F005 Solvent Constituents listed in table of section E. of this Waste Profile Sheet (WPS)?
☐ YES ☒ NO

(5) Is this a Dioxin Containing Waste specified in 40 CFR 261.31 as EPA Hazardous Waste Nos. F020, F021 F023, F026, F027, or F028?
☐ YES ☒ NO

(6) Has the EPA Toxicity Characteristic Leaching Procedure (TCLP) been performed on this waste?
☐ YES ☒ NO

(7) If the answer to (6) is yes, are the resultant concentrations of the constituents listed in section "E" of this WPS below the allowable limits as specified by EPA Land Disposal Prohibition Regulations (see the instructions for a list of these "Allowable Limits")?
☒ N/A ☐ YES ☐ NO

(8) Is this a non-liquid Hazardous Waste containing halogenated organic compounds in total concentration greater than or equal to 1,000 mg/kg?
☐ YES ☒ NO

(9) Is this a liquid Hazardous Waste containing halogenated organic compounds in total concentration greater than or equal to 1,000 mg/kg ?
☐ YES ☒ NO

(10) Is this stream a California list waste requiring notification with each shipment as specified in 40 CFR 268.7 ? If not, I certify that I have analysis and/or knowledge with documentation in my file to support this statement.
☒ YES ☐ NO

L. POLYCHLORINATED BIPHENYL (PCB)/HERBICIDE, PESTICIDE, INSECTICIDE/ALUMINUM AND REACTIVE METAL WARRANTY

I hereby warrant that the material transferred to S&W WASTE, INC., for transportation, treatment, storage and/or disposal is not contaminated by either POLYCHLORINATED BIPHENYL (PCB) at a level greater than 39 PPM or HERBICIDE/INSECTICIDE/PESTICIDE at a level greater than 0.001% when measured in each container or vessel transferred to S&W WASTE, INC., nor does it contain Elemental Aluminum or Reactive Metal Paste, Powder or Pigment, and hereby agree to indemnify and hold S&W WASTE, INC., harmless from any costs, damages or other liability resulting from breach of this warranty.

M.

I hereby certify that all information submitted above and all attachments are complete and accurate, and that all samples submitted are representative of the waste.

12/2/88 DATE | ROBERT P. SICA EX V.P. PRINTED NAME / TITLE | Robert P. Sica SIGNATURE

COPY # 1 ⟶ **S & W COPY** ⟵ DO NOT DETACH

REQUIRED TURNAROUND TIME

☐ NORMAL ☐ IMMEDIATE ☒ RUSH

S&W WASTE INC.

LABORATORY SERVICE REQUEST

LSR No. 09997

PAGE 1 of 1

Generator New Brunswick Plating
Location
Customer SOMTE
Customer No. 010715
Tech Contact Red
Address 596 Jersey Ave
N Brunswick NJ 08903

Initiator/Sampler JP
Date/Time of Sampling 11-30-88
No. of Drums/Gals/Yds
No. of Drums Sampled
No. of Overpacks
Sampling Cond.: Temp °F
Weather: (in/outdoors)

Check One: ☒ Charge ☐ No Charge
Check One: Typed Copy Required? ☐ YES ☒ NO
Check Analysis to be Typed

ANALYSES REQUIRED
☒ Waste Approval (Attach WPS)
☐ ESG / Field Service
☐ Other Analytical Request

ANALYSES PERFORMED
☐ IN-HOUSE at S&W LAB
☒ AT CONTRACT SERVICE LAB (Specify)

Total No. of Samples Submitted ONE
Sample Location in Lab. BZ
Date/Time Samples Submitted to Lab. 11-30-88
Date/Time Analytical Work Completed 12-01-88 6:30 A.M.
Analyst GT (DD) 12/1/88

SPECIFY ANALYSES	QTY.	PRICE
☒ Approval Analyses	1	175.00
☐ Metals (EP-TOX/Total)		
☐ Pesticides/Herbicides (EP-TOX/Total)		
☐ PCB's		
☐ BTU/Chlorides		
☐ Total Organic Carbon		
☐ T.P.H.C.		
☐ Cyanide (Quantitative)		
☐ Sulfide (Quantitative)		
☐ Priority Pollutants (GC/MS SCAN)		
☐ Other's (Specify)		

TOTAL PRICE: $ 175.00

Special Analytical Requests/Comments:

Attach and Fill Out LSR Continuation Forms For Multiple Samples/Analyses

CLIENT SAMPLE IDENTIFICATION	SHIPPING NAME / WASTE TYPE	DRUM No.'(s)	DM SIZE	DM COND.	SAMPLING VISUAL & COMMENTS:
metal Hydroxide Sludge	F006				

P.F. TEST	F.P. °F CC / F.P. °F OC	IGN	BTU/gal.	% CL / CL SPOT TEST	SP. GR.	Compat Fuel Solv.	Compat H_2O	pH	T.O.C. (ppm)	REACTIVITY A-B-KD-S-W- *	CYANIDE SPOT TEST	SULFIDE SPOT TEST	PCB's (ppm)
5	X	-	X	neg	X	X	X	7	X	N.R.	neg	neg	X

Approval Code

LAB VISUAL: 100% Liquid : Solids Iodine oxidizer - positive

METALS: ☐ RCRA ☐ ECRA					
☐ TOTAL	Antimony	Cadmium	Nickel	Lab Comments:	
☐ EP-TOX	Arsenic	Chromium	Selenium		
☐ TCLP	Barium	Copper	Silver		
	Beryllium	Lead	Thallium		
		Mercury	Zinc		

CUSTOMER: New Brunswick Plating
N. Brunswick

LSR# 09997

APPROVAL # 010915-010

Held for discussion with NBL 1/12

WASTE TYPE: F006 Sludge

QUANTITY: 1(55) / 1/4

DISPOSAL SITE: Treatment to CWE / Secure landfill

COST: $150/drum

SALESMAN J.P.

OPERATIONS

FINANCE

* NOTE

Generator is sending letter to Regional Administrator concerning cost for landfill vs. incineration. Copy to us by Tuesday (12-6-88)

LABORATORY SERVICE REQUEST

S&W WASTE INC

115 Jacobus Ave., So. Kearny, N.J. 07032 (201) 344-4004

LSR No. 4991

Generator: [illegible] Plating
Location:
Customer: [illegible]
Customer No. 010715
Tech Contact:
Address:

Initiator/Sampler: ST JP
Date/Time of Sampling:
No. of Drums/Gals/Yds:
No. of Drums Sampled:
No. of Overpacks:
Sampling Cond.: Temp ______ °F
Weather: (in/outdoors)

CHARGE ACCOUNT #
Check One: Typed Copy Required?
☐ YES ☒ NO

SPECIFY ANALYSES	QTY	PRICE
☒ Approval Analysis		
☒ Metals (EP-TOX/TCLP/TOTAL)	2	175
☐ Pesticides/Herbicides (EP-TOX/TCLP/TOTAL)		
☐ PCB's		
☐ BTU/Chlorides		
☐ Total Organic Carbon		
☐ T.P.H.C.		
☐ Cyanide (Quantitative)		
☐ Sulfide (Quantitative)		
☐ Priority Pollutants (GC/MS)		
☐ Other (Specify)		
Cyanide Total	2	[illegible]
[illegible]	[illegible]	75

TOTAL PRICE: $

ANALYSES REQUIRED
☒ Waste Approval (Attach WPS)
☐ ESG / Field Service
☒ Other Analytical Request

ANALYSES PERFORMED
☐ S&W LAB
☐ CONTRACT LAB (Specify)
Analab

Total No. of Samples Submitted: 2
Sample Location in Lab.: D2
Date/Time Samples Submitted to Lab.: 9/7/[illegible] 4:30
Date/Time Analytical Work Completed: 9/13
Analyst: [illegible]

Special Analytical Requests/Comments: If cyanide Total is above 30 ppm run amenable on each sample

CLIENT SAMPLE IDENTIFICATION	SHIPPING NAME / WASTE TYPE	SAMPLE No.'(s)	SAMPLING VISUAL & COMMENTS:
1,3,4 Metal Hydroxide			

P.F. TEST	FLASH PT. (°F)	IGN	BTU/gal.	% CL / CL SPOT TEST	SP. GR.	MISCIBILITY Solvent	MISCIBILITY WATER	pH	T.O.C. (ppm)	OXIDIZER TEST	CHEMICAL COMPATIBILITY A-B-KD-S	REACTIVITY WATER	REACTIVITY SULFIDE TEST	REACTIVITY CYANIDE TEST	PCB's (ppm)
S															

LAB VISUAL: [illegible] 100 % Solids

Approval Code

METALS: ☒ RCRA ☐ ECRA mg/L

☐ TOTAL
☐ EP-TOX
☒ TCLP

Antimony	L.T 0.01	Cadmium	L.T 0.10	Nickel	
Arsenic		Chromium	L.T 0.10	Selenium	L.T 0.01
Barium	L.T 0.10	Copper		Silver	L.T 0.10
Beryllium		Lead	L.T 0.10	Thallium	
		Mercury	L.T 0.01	Zinc	

Lab Comments:
Total cyanide 70 mg/Kg
Amenable cyanide 70 mg/Kg
[illegible]

JOEL Golumbek

Let's protect our earth

State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES
CN 029
TRENTON, NEW JERSEY 08625

GEORGE G. McCANN, P.E.
DIRECTOR

DIRK C. HOFMAN, P.E.
DEPUTY DIRECTOR

Mr. Thomas R. Sica
Executive Secretary-Treasurer
New Brunswick Plating, Inc.
P.O. Box 866
New Brunswick, New Jersey 08903

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

JUN 19 1987

Dear Mr. Sica:

RE: NJPDES/SIU Permit Exemption
New Brunswick Plating, Inc.
New Brunswick, New Jersey
EPA I.D. No. NJD 002 145 886

This is in response to a submittal to the Bureau of Industrial Waste Management dated January 31, 1984, from the Bureau of Hazardous Waste Engineering, concerning the classification of New Brunswick Plating, Inc. as an Industrial Waste Management Facility (IWMF).

The "wastewater treatment unit", for which your company filed a RCRA Part A application as a treatment facility, has been determined to be under the scope of the New Jersey Water Pollution Control Act, N.J.S.A. 58:10A-1.1 et seq. The company is subject to the Industrial Waste Management Facility (IWMF) requirements of Subchapter 4 of the New Jersey Pollutant Discharge Elimination System (NJPDES) Regulations, N.J.A.C. 7:14A-1.1 et seq. Enclosed is an IWMF worksheet which shows the basis of our determination.

IWMF's are presently required to obtain individual NJPDES/SIU permits pursuant to N.J.A.C. 7:14A-10.5 (a)(1)(ii). However, most SIU's which are discharging to Publicly Owned Treatment Works (POTW's) that have an Industrial Pretreatment Program (IPP) approved by the New Jersey Department of Environmental Protection (Department) are exempted from the requirement to obtain an individual NJPDES/SIU permit in accordance with N.J.A.C. 7:14A-10.5(f). The Department has changed its policy regarding the implementation of the IWMF Regulations and proposes to extend this exemption to most IWMF's located in POTW areas covered by approved IPP's. Accordingly, the Department will not require you to obtain an individual NJPDES/SIU permit.

IWMF's which do not receive individual NJPDES/SIU permits, however, are deemed to possess a NJPDES/IWMF permit-by-rule (N.J.A.C. 7:14A-4.5(a)(3)) and a NJPDES/SIU permit-by-rule (N.J.A.C. 7:14A-13.5). The conditions applicable to a NJPDES/IWMF permit-by-rule and a NJPDES/SIU permit-by-rule are enclosed with this letter. Permit-by-rule status can be revoked, for cause, as specified in the NJPDES Regulations.
As a POTW with an approved IPP, the Middlesex County Utilities Authority (MCUA) is responsible for ensuring your compliance with all environmental regulations affecting your discharge to the sewer system.

This action does not relieve New Brunswick Plating, Inc. of the responsibility for complying with the hazardous waste generation and accumulation requirements of the New Jersey Hazardous Waste Regulations, N.J.A.C. 7:26-1 et seq. Hazardous waste sludges generated from any wastewater treatment units may accumulate on-site for 90 days or less provided that:

(1) All such waste is, within 90 days or less, shipped off-site to an authorized facility;

(2) The waste is placed in containers which meet the standards of N.J.A.C. 7:26-7.2 and are managed in accordance with N.J.A.C. 7:26-9.4(d);

(3) The date upon which each period of accumulation begins is clearly marked and visible for inspection on each container;

(4) The facility complies with the requirements for owners and operators of N.J.A.C. 7:26-9.6 and 9.7 concerning preparedness and prevention, contingency plans, emergency procedures, and personnel training as per N.J.A.C. 7:26-9.4(g).

Any accumulation of such sludges for any period longer than 90 days would constitute a hazardous waste TSD storage facility, and would be subject to regulation under N.J.A.C. 7:26-1 et seq.

If there are any questions concerning this letter, please contact Valentin Kouame of my staff at (609) 292-4860.

Sincerely,

William F. Boehle

William F. Boehle, P.E., Acting Chief
Industrial Pretreatment Section
Bureau of Industrial Waste Management

WQM216:vk

c: Ernest J. Kuhlwein, Jr. - DHWM
Shirlee Schiffman - DHWM
Joel Golumbek - EPA Region II
Kevin Aiello - MCUA

INDUSTRIAL WASTE MANAGEMENT FACILITY (IWMF) WORKSHEET

1. Name: NEW BRUNSWICK PLATING, INC.
   Mailing Address: P.O. BOX 866 NEW BRUNSWICK, NEW JERSEY 08903
   Location Address: 596 JERSEY AVENUE NEW BRUNSWICK, N.J. 08903
   Facility Contact: THOMAS R. SICA
   Telephone No.: (201) 545-6522 RCRA ID No.: NJD 002 145 886
   Facility NJPDES No.: _____ Type: ___ DSW ___ DGW ___ SIU X None
   Receiving POTW, if any: M.C.U.A. POTW NJPDES No. NJ0020141

2. Description of Waste Source(s): GENERATED FROM PLATING OPERATIONS.

3. The Waste Source is:

   X Intracompany/Intrastate ___ Intercompany/Intrastate

4. Operational Units comprising the treatment works (describe):

   Unit #1: CN REACTOR: RECEIVES AND TREATS CYANIDE WASTEWATER
   Unit #2: HOLD TANK: RECEIVES ACID/CHROME WASTEWATER
   Unit #3: Cr/ACID REACTOR: TO REDUCE HEXAVALENT CHROMIUM TO TRIVALENT CHROMIUM/ PRECIPITATION OF CHROMIUM HYDROXIDE
   Unit #4: COLLECTION TANK: TO COLLECT the SLUDGE Generated From UNITS 1&3
   Unit #5: BAG FILTER SYSTEM: TO DEWATER THE SLUDGE
   Unit #6: HOLDING TANK: PH ADJUSTMENT OF FILTRATE FROM UNIT 5 to 7.0
   Unit #7: _____

5. Criteria (For each item indicate Yes, No, N/A, etc.):

   a. Is there an influent wastewater? YES
      Is it hazardous? YES
      If yes, list waste type. F007, F009

   b. Does the treatment works generate (G), store (S), or treat (T) a wastewater treatment sludge or residue? YES
      If yes, which units are involved, and what function do they perform? 1(T), 3(G), 5(T,G)
      Is it hazardous? YES
      If yes, list waste type(s): F006, F008

   c. Is the unit a "tank" as per NJAC 7:14A-4.3? YES

6. Conclusions: Is the facility an IWMF? YES

7. Comments: THE FACILITY IS NOT A HAZARDOUS WASTE FACILITY (HWF) because it WILL STORE CONTAINERIZED/DRUMMED HAZARDOUS WASTE FOR LESS THAN NINETY (90) DAYS.
   ALL INTEGRAL UNITS OF THE WASTEWATER TREATMENT SYSTEM ARE PART OF THE IWMF.

subject: Review of Financial Assurance Submitted by New Brunswick Plating, Inc.

FR: Helen

TO: Ernest

sent regs. on 7/14

called on x/11/83 left message

We have reviewed the Financial Assurance documents submitted by New Brunswick Plating, Inc. located at Jersey Avenue in New Brunswick, New Jersey 08903. The company is using a Trust Fund to demonstrate financial assurance of the closure cost for the following facility which is owned or operated by New Brunswick Plating, Inc. and is located in Region II:

EPA I.D. Number	Facility Name	Location	Closure Cost
NJD002145886	New Brunswick Plating, Inc.	Jersey Ave New Brunswick, N.J.	$21,800.

New Brunswick Plating, Inc. has also furnished a certificate of third party liability for sudden accidental occurrences.

Based on our review of both instruments of financial assurance, we have determined that New Brunswick Plating, Inc. has not complied with Subpart H of Part 264, Title 40 of the Federal financial requirements for owners and operators of hazardous waste treatment, storage and disposal facilities. The following instruments are deficient for reasons given below:

no Schedule A

Trust fund

- a formal certification of acknowledgement accompanying the trust agreement was not submitted as required by §264.143(a)(2);
- the trust agreement is missing the trustee's signature as required by §264.151(a)(1).

Certificate of Insurance

- the certificate does not provide adequate liability coverage as per §264.147(a);
- the wording of the certificate is not as specified in §264.151(j).

CERTIFIED PLATING FOR AEROSPACE, ELECTRONICS, AVIATION AND INDUSTRY

New Brunswick Plating, Inc.

P.O. BOX 866 • JERSEY AVENUE • NEW BRUNSWICK, NEW JERSEY 08903 • TEL. 201-545-6522

NJD 002145886

March 31, 1983

Ms. Helen Beggun, Chief
Grants Administration Branch
Office of Policy and Management
U.S. Environmental Protection Agency
26 Federal Plaza
New York, New York 10278

REGISTERED MAIL
RETURN RECEIPT REQUESTED

Dear Ms. Beggun:

Please be advised we are in compliance with the Regulations concerning the Financial Responsibility for a Closure Plan.

We have set up a trust fund according to EPA Guidelines with the Brunswick Bank & Trust. The Agreement and the Trustee meet all the EPA standards as set forth in the Regulations.

Please find enclosed the Actual Trust Agreement. The original document will be mailed to you by the Trust Company.

Thank you for your consideration in this matter.

Sincerely yours,

Thomas R. Sica,
Secretary-Treasurer

TRS/hwp
Enc.

Brunswick Bank & Trust
BRUNSWICK
P. O. BOX 29
NEW BRUNSWICK, N. J. 08903
TEL. 201 247-5800

March 31, 1983

Mr. Thomas Sica
New Brunswick Plating Inc.
Jersey Avenue
New Brunswick, N.J. 08901

Dear Mr. Sica:

Pursuant to our telephone conversation with Mr. Gary Rosenthal, please be advised that we have agreed to act as Trustee on your Trust Fund Agreement in connection with the federal financial requirements for owners and operators of hazard waste treatment, storage, and disposable facilities.

As you indicated this year's contribution will be 1/20th of the $20,000.00 or $1,000.00 which will be required. As I mentioned to you, we will invest that $1,000.00 in a Certificate of Deposit for a one year period at the prevailing interest rate. Our fees for handling this Trust Agreement for the first year will be $50.00.

Kindly review the enclosed Trust Agreement and have the last page executed where indicated.

Finally, kindly execute the attached copy of this letter to confirm your understanding of the above.

Very truly yours,

FRANCES SCATTEREGIA
Vice President & Trust Officer

Encl.

TRUST FUND AGREEMENT BETWEEN
NEW BRUNSWICK PLATING, INC., THE GRANTOR AND
BRUNSWICK BANK & TRUST COMPANY, THE TRUSTEE

TRUST AGREEMENT, the "Agreement" entered into as of March 29, 1983 by and between NEW BRUNSWICK PLATING, INC.,a New Jersey Corporation, the"Grantor"and BRUNSWICK BANK & TRUST COMPANY, incorporated in the State of New Jersey, the"Trustee."

WHEREAS, the United States Environmental Protection Agency, "EPA", an agency of the United States Government, has established certain regulations applicable to the Grantor, requiring that an owner or operator of a hazardous waste management facility shall provide assurance that funds will be available when needed for closure and/or post-closure care of the facility,

WHEREAS, the Grantor has elected to establish a trust to provide all or part of such financial assurance for the facilities identified herein,

WHEREAS, the Grantor, acting through its duly authorized officers, has selected the Trustee to be the trustee under this agreement, and the Trustee is willing to act as trustee,

NOW, THEREFORE, the Grantor and the Trustee agree as follows:

Section 1 Definitions: As used in this Agreement:

(a) The term "Grantor" means the owner or operator who enters into this Agreement and any successors or assigns of the Grantor.

(b) The term "Trustee" means the Trustee who enters into this Agreement and any successor Trustee.

Section 2. Identification of Facilities and Cost Estimates. This Agreement pertains to the facilities and cost estimates identified on attached Schedule A (on Schedule A, for each facility list the EPA Identification Number, name, address, and the current closure and/or post-closure cost estimates, or portions thereof, for which financial assurance is demonstrated by this Agreement.)

Section 3. Establishment of Fund. The Grantor and the Trustee hereby establish a trust fund, the "Fund", for the benefit of EPA. The Grantor and the Trustee intend that no third party have access to the Fund except as herein provided. The Fund is established initially as consisting of the property, which is acceptable to the Trustee, described in Schedule B attached hereto. Such property and any other property subsequently transferred to the Trustee is referred to as the Fund, together with all earnings and profits thereon, less any payments or distributions made by the Trustee pursuant to this Agreement. The Fund shall be held by the Trustee, IN TRUST, as hereinafter provided. The Trustee shall not be responsible nor shall it undertake any responsibility for the amount or adequacy of, nor any duty to collect from the Grantor, any payments necessary to discharge any liabilities of the Grantor established by EPA.

Section 4. Payment for Closure and Post-Closure Care. The Trustee shall make payments from the Fund as the EPA Regional Administrator shall direct, in writing, to provide for the payment of the costs of closure and/or post-closure care of the facilities covered by this Agreement. The Trustee shall reimburse the Grantor or other persons as specified by the EPA Regional Administrator from the Fund for closure and post-closure expenditures in such amounts as the EPA Regional Administrator shall direct in writing. In addition, the Trustee shall refund to the Grantor such amounts as the EPA Regional Administrator specifies in writing. Upon refund, such funds shall no longer constitute part of the Fund as defined herein.

Section 5. Payments Comprising the Fund. Payments made to the Trustee for the Fund shall consist of cash or securities acceptable to the Trustee.

Section 6. Trustee Management. The Trustee shall invest and reinvest the principal and income of the Fund and keep the Fund invested as a single fund, without distinction between principal and income, in accordance with general investment policies and guidelines which the grantor may communicate in writing to the Trustee from time to time, subject, however, to the provisions of this Section. In investing, reinvesting, exchanging, selling, and managing the Fund, the Trustee shall discharge his duties with respect to the trust fund solely in the interest of the beneficiary and with the care, skill, prudence, and diligence under the circumstances then prevailing which persons of prudence, acting in a like capacity and familiar with such matters, would use in the conduct of an enterprise of a like character and with like aims; except that;

(i) Securities or other obligations of the Grantor, or any other owner or operator of the facilities, or any of their affiliates as defined in the Investment Company Act of 1940, as amended, 15 U.S.C. 80a-2.(a), shall not be acquired or held, unless they are securities or other obligations of the Federal or a State government;

(ii) The Trustee is authorized to invest the Fund in time or demand deposits of the Trustee, to the extent insured by an agency of the Federal or State government; and

(iii) The Trustee is authorized to hold cash awaiting investment or distribution uninvested for a reasonable time and without liability for the payment of interest thereon.

Section 7. Comingling and Investment. The Trustee is expressly authorized in its discretion:

(a) To transfer from time to time any or all of the assets of the Fund to any common, commingled, or collective trust fund created by the Trustee in which the Fund is eligible to participate, subject to all of the provisions thereof, to be commingled with the assets of othe trusts participating therein; and

(b) To purchase shares in any investment company registered under the Investment Company Act of 1940, 15 U.S.C. 80a-1 et seq., including one which may be created, managed, underwritten, or to which investment advice is rendered or the share of which are sold by the Trustee. The Trustee may vote such shares in its discretion.

Section 8. Express Powers of Trustee. Without in any way limiting the powers and discretions conferred upon the Trustee by the other provisions of this Agreement or by law, the Trustee is expressly authorized and empowered;

(a) To sell, exchange, convey, transfer, or otherwise dispose of any property held by it, by public or private sale. No person dealing with the Trustee shall be bound to see to the application of the purchase money or to inquire into the validity or expediency of any such sale or other disposition;

(b) To make, execute, acknowledge, and deliver any and all documents of transfer and conveyance and any and all other instruments that may be necessary or appropriate to carry out the powers herein granted;

(c) To register any securities held in the Fund in its own name or in the name of a nominee and to hold any security in bearer form or in book entry, or to combine certificates representing such securities with certificates of the same issue held by the Trustee in other fiduciary capacities, or to deposit or arrange for the deposit of such securities in a qualified central depositary even though, when so deposited, such securities may be merged and held in bulk in the name of the nominee of such depositary with other securities deposited therein by another person, or to deposit or arrange for the deposit of any securities issued by the United States Government, or any agency or instrumentality thereof, with a Federal Reserve Bank, but the books and records of the Trustee shall at all times show that all such securities are part of the Fund;

(d) To deposit any cash in the Fund in interest-bearing accounts maintained or savings certificates issued by the Trustee, in its separate corporate capacity, or in any other banking institution affiliated with the Trustee, to the extent insured by an agency of the Federal or State government; and

(e) To compromise or otherwise adjust all claims in favor of or against the Fund;

Section 9. Taxes and Expenses. All taxes of any kind that may be assessed or levied against or in respect of the Fund and all brokerage commissions incurred by the Fund shall be paid from the Fund. All other expenses incurred by the Trustee in connection with the administration of this Trust, including fees for legal services rendered to the Trustee, the compensation of the Trustee to the extent not paid directly by the Grantor, and all other proper charges and disbursements of the Trustee shall be paid from the Fund.

Section 10. Annual Valuation. The Trustee shall annually, at least 30 days prior to the anniversary date of establishment of the Fund, furnish to the Grantor and to the appropriate EPA Regional Administrator a statement confirming the value of the Trust. Any securities in the Fund shall be valued at market value as of no more than 60 days prior to the anniversary date of establishment of the fund. The failure of the Grantor to object in writing to the Trustee within 90 days after the statement has been furnished to the Grantor and the EPA Regional Administrator shall constitute a conclusively binding assent by the Grantor, barring the Grantor from asserting any claim or liability against the Trustee with respect to matters disclosed in the statement.

Section 11. Advice of Counsel. The Trustee may from time to time consult with counsel, who may be counsel to the Grantor, with respect to any question arising as to the construction of this Agreement or any action to be taken hereunder. The Trustee shall be fully protected, to the extent permitted by law, in acting upon the advice of counsel.

Section 12. Trustee Compensation. The Trustee shall be entitled to reasonable compensation for its services as agreed upon in writing from time to time with the Grantor.

Section 13. Successor Trustee. The Trustee may resign or the Grantor may replace the Trustee, but such resignation or replacement shall not be effective until the Grantor has appointed a successor Trustee and this successor accepts the appointment. The successor trustee shall have the same powers and duties as those conferred upon the Trustee hereunder. Upon the successor trustee's acceptance of the appointment, the Trustee shall assign, transfer, and pay over to the successor trustee the funds and properties then constituting the Fund. If for any reason the Grantor cannot or does not act in the event of the resignation of the Trustee, the Trustee may apply to a court of competent jurisdiction for the appointment of a successor trustee or for instructions. The successor trustee shall specify the date on which it assumes administration of the trust in a writing sent to the Grantor, the EPA Regional Administrator, and the present Trustee by certified mail 10 days before such change becomes effective. Any expenses incurred by the Trustee as a result of any of the acts contemplated by this Section shall be paid as provided in Section 9.

Section 14. Instructions to the Trustee. All orders, requests and instructions by the Grantor to the Trustee shall be in writing, signed by such persons as are designated in the attached Exhibit A or such other designees as the Grantor may designate by amendment to Exhibit A. The Trustee shall be fully protected in acting without inquiry in accordance with the Grantor's orders, requests, and instructions. All orders, requests and instructions by the EPA Regional Administrator to the Trustee shall be in writing, signed by the EPA Regional Administrators of the Regions in which the facilities are located, or their designees, and the Trustee shall act and shall be fully protected in acting in accordance with such orders, requests, and instructions. The Trustee shall have the right to assume, in the absence of written notice to the contrary, that no event constituting a change or a termination of the authority of any person to act on behalf of the Grantor or EPA hereunder has occurred. The Trustee shall have no duty to act in the absence of such orders, requests, and instructions from the Grantor and/or EPA, except as provided for herein.

Section 15. Notice of Nonpayment. The Trustee shall notify the Grantor and the appropriate EPA Regional Administrator, by certified mail within 10 days following the expiration of the 30 day period after the anniversary of the establishment of the Trust, if no payment is received from the Grantor during that period. After the pay-in period is completed, the Trustee shall not be required to send a notice of nonpayment.

Section 16. Amendment of Agreement. This Agreement may be amended by an instrument in writing executed by the Grantor, the Trustee, and the appropriate EPA Regional Administrator, or by the Trustee and the appropriate EPA Regional Administrator if the Grantor ceases to exist.

Section 17. Irrevocability and Termination. Subject to the right of the parties to amend this Agreement as provided in Section 16, this Trust shall be irrevocable and shall continue until terminated at the written agreement of the Grantor, the Trustee, and the EPA Regional Administrator, or by the Trustee and the EPA Regional Administrator, if the Grantor ceases to exist. Upon termination of the Trust, all remaining trust property, less final trust administration expenses, shall be delivered to the Grantor.

Section 18. Immunity and Indemnification. The Trustee shall not incur personal liability of any nature in connection with any act or omission, made in good faith, in the administration of this Trust, or in carrying out any directions by the Grantor or the EPA Regional Administrator issued in accordance with this Agreement. The Trustee shall be indemnified and saved harmless by the Grantor or from the Trust Fund, or both, from and against any personal liability to which the Trustee may be subjected by reason of any act or conduct in its official capacity, including all expenses reasonably incurred in its defense in the event the Grantor fails to provide such defense.

Section 19. Choice of Law. This Agreement shall be administered, construed, and enforced according to the laws of the State of New Jersey.

Section 20. Interpretation. As used in this Agreement, words in the singular include the plural and words in the plural include the singular. The descriptive headings for each Section of this Agreement shall not affect the interpretation or the legal efficacy of this Agreement.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by their respective officers duly authorized and their corporate seals to be hereunto affixed and attested as of the date first above written. The parties below certify that the wording of this Agreement is identical to the wording specified in 40 CFR 264.151(a)(1) as such regulations were constituted on the date first above written.

NEW BRUNSWICK PLATING, INC.

Attest:

Secretary

President

(seal)

Trustee

BRUNSWICK BANK & TRUST COMPANY

Attest:

Secretary

Trust Officer

(seal)

CERTIFIED PLATING FOR AEROSPACE, ELECTRONICS, AVIATION AND INDUSTRY

New Brunswick Plating, Inc.

P.O. BOX 866 • JERSEY AVENUE • NEW BRUNSWICK, NEW JERSEY 08903 • TEL. 201-545-6522

To GAB

October 8, 1982

United States Environmental Protection Agency
Region 11
26 Federal Plaza
New York, New York 10278

Re: Financial and Liability Requirements for Hazardous Waste Treatment, Storage and Disposal Facilities

For: E.P.A. ID #NJD002145886
SIC Code #3471

Gentlemen:

As per the Federal Register dated April 7, 1982, our firm will take the following action in the event of forced closure.

Enclosed is a Certificate of Insurance to cover the meximum expense to dispose of all chemicals in house.

In the event of closure, 90% of all chemicals or chemical solutions could be sent for refining or even given away to related industries at no expense to our firm. However, the listing below does not take this into account and the insurance policy covers labor, material and professional personnel to package all chemicals and chemical solutions for safe disposal.

CHEMICALS & SOLUTIONS IN HOUSE FOR POST CLOSURE DISPOSAL

		Drums Required
1.	30 gals. Gold Solution	1
2.	150 gals. Indium Solution	2
3.	150 gals. Copper Sulphate Solution	2
4.	150 gals. Nickel Sulphate Solution	2
5.	30 gals. Rhodium Solution	1
6.	50 gals. Nickel Chloride Solution	1
7.	50 gals. Misc. Cleaning & Preparation Solution	1
8.	180 gals. Silver Cyanide Solution	3
9.	200 gals. Nickel Sulphamate Solution	3
10.	700 gals. Nickel Sulphate Solution	14
11.	600 gals. Copper Solution	12
12.	300 gals. Nickel Chloride Solution	3
13.	700 gals. Cadmium Cyanide Solution	14

CHEMICALS & SOLUTIONS IN HOUSE FOR POST CLOSURE DISPOSAL (cont.)..

		Drums Required
14.	300 gals. Tin Stannate Solution	5
15.	300 gals. Tin Chloride Solution	5
16.	200 gals. Electroless Nickel Solution	3
17.	150 gals. Black Dye Solution	3
18.	50 gals. Sodium Di Chromate Solution	1
19.	4000 gals. of Chromic Acid Solution	50
20.	200 gals. Chromium Strip Solution	4
21.	50 gals. of Chlorethane V6	1
22.	Chemicals in Stock Room	10
23.	300 gals. Pickeling Vats	6
24.	50 gals. Oil	1
25.	All Lab Chemicals - Dry	1
26.	All Lab Chemicals - Wet	1
	Total Drums..	150

NOTE: All solutions after one week loose water through evaporation in the amount of 20%. The number of drums (150) is ample to cover all solution.

Cost of 150 DOT approved drums	-	$ 3,000.00
Labor 2 men @40 hrs. each at $15.00/hr. to pump and package solutions	-	1,200.00
Professional Services and Analysis	-	1,000.00
Cost of hauling and disposal	-	16,600.00
	Total Cost..	$ 21,800.00

I trust that these provisions are sufficient to meet the necessary regulations.

Robert P. Sica, Plant Chemist

RPS/hwp

SET TAB STOPS AT ARROWS

Certificate of Insurance

acord

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW.

NAME AND ADDRESS OF AGENCY

Kenneth B. Shevlin, Inc.
535 Morris Ave.
Springfield, N.J. 07081

COMPANIES AFFORDING COVERAGES

COMPANY LETTER **A** St. Paul

COMPANY LETTER **B**

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

NAME AND ADDRESS OF INSURED

New Brunswick Plating
596 Jersey Ave.
New Brunswick, N.J.

EPA ID# NJD002145886

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	Limits of Liability in Thousands (000)	EACH OCCURRENCE	AGGREGATE
A	**GENERAL LIABILITY** X COMPREHENSIVE FORM X PREMISES—OPERATIONS ☐ EXPLOSION AND COLLAPSE HAZARD ☐ UNDERGROUND HAZARD ☐ PRODUCTS/COMPLETED OPERATIONS HAZARD ☐ CONTRACTUAL INSURANCE ☐ BROAD FORM PROPERTY DAMAGE ☐ INDEPENDENT CONTRACTORS ☐ PERSONAL INJURY	629NC0294	9/25/83	BODILY INJURY	$	$
				PROPERTY DAMAGE	$	$
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	$ 500 CSL	$
				PERSONAL INJURY		$
A	**AUTOMOBILE LIABILITY** X COMPREHENSIVE FORM X OWNED X HIRED X NON-OWNED	629NC0294	9/25/83	BODILY INJURY (EACH PERSON)	$	
				BODILY INJURY (EACH ACCIDENT)	$	
				PROPERTY DAMAGE	$	
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	$ 500	
	EXCESS LIABILITY ☐ UMBRELLA FORM ☐ OTHER THAN UMBRELLA FORM			BODILY INJURY AND PROPERTY DAMAGE COMBINED	$	$
A	**WORKERS' COMPENSATION and EMPLOYERS' LIABILITY**	729NB0035	9/25/83	STATUTORY		
					$	(EACH ACCIDENT)
	OTHER					

PERMITS ADMIN. BRANCH
REGION II
NOV 1 8 41 AM '82
ENVIRONMENTAL PROTECTION AGENCY
NEW YORK, N.Y. 10007

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES

Cancellation: Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 10 days written notice to the below named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

NAME AND ADDRESS OF CERTIFICATE HOLDER:

EPA
Region 11
26 Federal Plaza
New York, New York 10278

DATE ISSUED: 10/26/82

Kenneth B. Shevlin

AUTHORIZED REPRESENTATIVE

ACORD 25 (1-79)

SET TAB STOPS AT ARROWS

Certificate of Insurance

I.D.# NJD002145886

acord

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW.

NAME AND ADDRESS OF AGENCY

Kenneth B. Shevlin, Inc.
535 Morris Ave.
Springfield, N.J. 07081

COMPANIES AFFORDING COVERAGES

COMPANY LETTER **A** St. Paul

COMPANY LETTER **B**

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

NAME AND ADDRESS OF INSURED

New Brunswick Plating
596 Jersey Ave.
New Brunswick, N.J.

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	Limits of Liability in Thousands (000)	EACH OCCURRENCE	AGGREGATE
A	**GENERAL LIABILITY** [X] COMPREHENSIVE FORM [X] PREMISES—OPERATIONS [ ] EXPLOSION AND COLLAPSE HAZARD [ ] UNDERGROUND HAZARD [ ] PRODUCTS/COMPLETED OPERATIONS HAZARD [ ] CONTRACTUAL INSURANCE [ ] BROAD FORM PROPERTY DAMAGE [ ] INDEPENDENT CONTRACTORS [ ] PERSONAL INJURY	629NC0294	9/25/83	BODILY INJURY	$	$
				PROPERTY DAMAGE	$	$
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	$ 500 CSL	
				PERSONAL INJURY		$
A	**AUTOMOBILE LIABILITY** [X] COMPREHENSIVE FORM [X] OWNED [X] HIRED [X] NON-OWNED	629NC0294	9/25/83	BODILY INJURY (EACH PERSON)	$	
				BODILY INJURY (EACH ACCIDENT)	$	
				PROPERTY DAMAGE	$	
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	$ 500	
	EXCESS LIABILITY [ ] UMBRELLA FORM [ ] OTHER THAN UMBRELLA FORM			BODILY INJURY AND PROPERTY DAMAGE COMBINED	$	$
A	**WORKERS' COMPENSATION and EMPLOYERS' LIABILITY**	729NB0035	9/25/83	STATUTORY		
					$ (EACH ACCIDENT)	
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES

Cancellation: Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 10 days written notice to the below named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

NAME AND ADDRESS OF CERTIFICATE HOLDER:

EPA
Region 11
26 Federal Plaza
New York, New York 10278

DATE ISSUED: 10/26/82

Kenneth B. Shevlin

AUTHORIZED REPRESENTATIVE

ACORD 25 (1-79)

CERTIFIED PLATING FOR AEROSPACE, ELECTRONICS, AVIATION AND INDUSTRY

New Brunswick Plating, Inc.

P.O. BOX 866 • JERSEY AVENUE • NEW BRUNSWICK, NEW JERSEY 08903 • TEL. 201-545-6522

NJD002145886

file

February 15, 1983

Mr. Joseph Cvinar
U.S. Environmental Protection Agency
26 Federal Plaza
New York, New York 10278

Dear Mr. Cvinar:

As per our conversation, we were unable to secure a Surity Bond or Closure Insurance as per requested by your letter of February 7th, 1983.

We have contacted the First Pennsylvania Bank of Philadelphia, concerning the Trust Fund Agreements to provide the necessary monies for closure clean-up.

Since these Agreements have not been received, we are asking for an extension until March 30th, 1983, to give us enough time to properly set up the Trust Fund.

Thank you very much for your time and helpfulness concerning this matter.

Your truly,

Robert P. Sica

Robert P. Sica,
Plant Chemist

RPS/hwp

J. Golumbek

TSD delete —
S01 < 90 days;
T01 & S02 part of an
IWMF DEP 1/31/84

State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DIVISION OF WASTE MANAGEMENT
32 E. Hanover St., CN 028, Trenton, N.J. 08625

DR. MARWAN M. SADAT, P.E.
DIRECTOR

LINO F. PEREIRA, P.E.
DEPUTY DIRECTOR

ENVIRONMENTAL PROTECTION AGENCY NEW YORK, N.Y. 10007
MAR 13 1 37 PM '84

January 31, 1984

Thomas R. Sica
Executive Secretary-Treasurer
New Brunswick Plating Inc.
P.O. Box 866
New Brunswick, NJ 08903

RE: Change of Facility Classification, EPA ID NO. NJD002145886

Dear Mr. Sica:

This will acknowledge and reply to your undated letter received by this Bureau on November 14, 1983 requesting a change in status from a generator and treatment, storage or disposal facility (TSDF) to a generator only status.

The basis for the request was reported as follows:

1. The T01 and S02 design capacities listed in your company's Part A application relate to a neutralization system used to treat electroplating wastes to remove heavy metal content prior to discharge into the city sewer system. The tank (S02) is a 1,200 gallon unit used in the neutralization to perform the treatment (T01) of 3,000 gallon per day maximum.

2. No container (S01) capacity was listed in the Part A but your letter stated it takes approximately a year and a half to generate a 55 gallon drum of precipitated sludges. It was further stated that New Brunswick Plating would be willing to properly dispose of the sludges within 90 days of generation instead of waiting for a full drum.

If the foregoing items are incorrect please advise this Bureau immediately upon receipt of this letter.

Upon a review of this information by this Bureau and the Division of Water Resources it has been determined that the New Brunswick Plating facility is an Industrial Waste Management Facility (IWMF) by virtue of the fact that the influent (spent plating wastes) to the treatment system is considered hazardous with effluent considered non-hazardous.

The storage aspect of the facility will remain delisted based on the 90 day disposal exclusion (N.J.A.C. 7:26-9.3) as follows:

1. All such waste is, within 90 days or less, shipped off-site to an authorized facility or placed in an on-site authorized facility, as defined at N.J.A.C. 7:26-1.4.

2. The waste is placed in containers which meet the standards of N.J.A.C. 7:26-7.2 and are managed in accordance with N.J.A.C. 7:26-9.4(d).

3. The date upon which each period of accumulation begins is clearly marked and visible for inspection on each container.

4. The generator complies with the requirements for owners and operators of N.J.A.C. 7:26-9.6 and 9.7 concerning preparedness and prevention, contingency plans and emergency procedures as well as N.J.A.C. 7:26-9.4(g) concerning personnel training.

Accumulation of containerized/drummed hazardous waste for a period longer than 90 days would constitute a hazardous waste TSD storage facility and would be subject to applicable facility regulations under N.J.A.C. 7:26-1 et seq.

This written acknowledgement of the exclusion for New Brunswick Plating Inc. from N.J.A.C. 7:26-1 is based expressly on the review of the aforementioned correspondence. This letter makes no claim as to the extent and physical condition of the actual hazardous waste activities occurring at the site mentioned above.

New Brunswick Plating's hazardous waste facility does not fall under the scope of the hazardous waste TSD facility regulations pursuant to N.J.A.C. 7:26-1 et seq. and need not comply with the interim operating requirements according to N.J.A.C. 7:26 subchapters 9 through 12. This includes compliance specifically with N.J.A.C. 7:26-9.10 and 9.13, Financial Assurance for Facility Closure and Liability Requirements. However, you are reminded that the facility is still regulated under N.J.A.C. 7:14A-1 et seq. as an IWMF.

This Bureau has been requested by the Division of Water Resources, Industrial Pretreatment Section to advise your facility that they will inform you of IWMF requirements in approximately 180 days.

As a result of the conclusions previously made in this letter, it is the opinion of this Bureau that the aforementioned Notice of Violation signed by Mr. David Shotwell has been adequately complied with.

If you have any questions on this matter, please call Erwin Rutkowski of my staff at (609) 292-5361.

Very truly yours,

Frank Coolick

Frank Coolick, Chief
Bureau of Hazardous Waste Engineering

EP5/ch
c: Dave Shotwell
Joel Golumbek

3

CERTIFIED PLATING FOR AEROSPACE, ELECTRONICS, AVIATION AND INDUSTRY

New Brunswick Plating, Inc.

P.O. BOX 866 • JERSEY AVENUE • NEW BRUNSWICK, NEW JERSEY 08903 • TEL. 201-545-6522

HAZARDOUS WASTE
OPERATING FORMAT
FOR
NEW BRUNSWICK PLATING, INC.
EPA #NJD002145886

526

JH
Hwoms
4/25/83
file

Effective March 1, 1983
By: Robert P. Sica
Env. #MAN-1

NJD002145886

1.0 SCOPE

1.1 This operating format outlines what procedures the New Brunswick Plating Company must follow in order to comply with State and Federal Regulations in the treatment, storage and disposal of waste generated by its plating operation.

1.2 The Company is non automated with a water consumption under 7,000 gallons per day. The small amounts generated do not remove the firm from the responsibility or regulation of its waste.

2.0 RESPONSIBILITY

2.1 Robert P. Sica, the plant chemist has the responsibility to assure that this company complies with all environmental aspects of its waste.

2.2 Anthony Melchione and Martin Sica together with Robert P. Sica are authorized to sign pertinent forms, control and supervise any treatment or movement of waste.

3.0 Instruction, Review and Updating:

3.1 A class shall be conducted for all personnel at minimum once every three months.

3.2 The class will be held to review these procedures and to instruct and update all personnel on waste control and rinsing techniques. It shall be used as a forum to air all questions of treatment, storage and disposal.

4.0 Water Control and Daily Inspection.

4.1 Form, Env 101 must be completed daily. (Sample attached). This log must be completed before the plating operations begin each day. If there is a negative response to any question listed, it must be brought to the attention of the plant chemist.

4.2 This form also contains the water consumption for the previous day's operation. In the event that over 9,000 gallons are used in the previous day's operation, notification must also be given to the plant chemist.

5.0 PLATING RINSES

5.1 All plating solutions will have a still rinse tank, which becomes a necessary step in the plating sequence. At the end of each shift, this rinse will be added to the plating bath compensating the solution for evaporation loss. Clean distilled water will then be added to the still rinse.

5.2 Any installation containing cadmium, lead or cyanide, must have a double still rinse. When water is added to the plating bath from these rinses, the most contaminated rinse will be added first. If there is an excess, the second rinse, the least contaminated will then be transferred to be still rinse #1.

5.3 If a still rinse has an excess of ions because of heavy use during the work shift, this may be added to the plating solution during operation. If no additions are necessary, this rinse will be sent to the holding area to evaporatedmost of the water contained liquid and treated as waste.

5.4 Plating operators must be very concerned with solution dragout. Proper shaking and tilting techniques must be exercised at all times, in an effort not to contaminate the still rinse. This topic will be addressed at each class held at minimum every three months.

5.5 When an article is too large for that installation's still rinse, the article must be rinsed over the plating installation. This is accomplished by using a fine spray of water.

6.0 CHROMIUM-TREATMENT AND COLLECTION.

6.1 70% of all the chemical solution in house is compromised of hexavalent chromium. Control of the waste cannot be accomplished through still rinses. Chemical precipitation of this waste in rinse water is necessary.

6.2 The chromium department is segregated from all other plating processes. Splash pans, still rinses and other rinse water controls are not applicable in this area. All drains go directly to a collection point to the rear of the plant.

6.3 When the volume of chromium rinse water reaches 3,000 gallons, the contaminated water must be treated. This volume allows collection of another 1,500 gallons while treatment is being performed.

6.4 The volume of water consumed in the chromium plating process, is less than 500 gallons per day. There must be no running rinses. The nature of the hard chromium plating process negates any requirement for running rinses. All parts while on cranes hanging over the plating tank must be rinsed with a fine spray of water.

6.5 Effort must be made to keep the concentration of chromium to a minimum which will significantly reduce the cost of treatment.

6.6 The method of treatment as outlined in treatment procedures utilizes the reduction of hexavalent chromium with sodium bisulphite, when the pH is lowered to 2. when the reation is complete, chromium will be in the trivalent state. The pH is then raised to 10 with soda ash. Trivalent chromium will be precipitated from the water. The clear water is decanted, neutralized to pH 7 and sent to the city sewers after analysis.

6.7 The precipitate, chromium hydroxide is pumped into an evaporating tank for sludge condensing. The sludge placed in a DOT approved plastic lined drum and recorded on that drum's log.

7.0 WATER ANALYSIS

7.1 All water leaving this firm through the sewer system must be analyzed on scheduled frequency. One week of each month, samples will be taken hourly. Sample #1 will consist of the combined 8 hourly samples taken the first day. Sample #2 is formed from conbining 24 hourly samples taken over the first three days. Sample #3 is formed by combining 40 hourly samples taken over a five day period.

7.2 The analysis shall be done by this firm by atomic absorption spectroscopy for the elements, Cadmium, Copper, Chromium, Nickel and Lead. Colormetric determination shall be made for the cyanide ion.

7.3 Form ENV 103 shall be used to record the results (attached).

8.0 Spills and Plating Sludges.

8.1 When a spill occurs, immediate action shall be taken. Maizo, corn cob dust must be spread over the spill with a sufficient quantity to absorb all the liquid. The area is then swept and the contaminated material put in the approved container and logged.

8.2 When a plating installation has been cleaned or purified, the carbon filters and plating sludge is put in the DOT approved container and logged.

9.0 HOLDING AREA:

9.1 The designated area inside the plant for condensing by evaporation and the holding area for sludges and drums is clearly segregated and roped off.

9.2 This area must be kept clean, void of spills or dried plating salts.

9.3 All logs must be clearly displayed. An entry must be made, dated and signed by an authorized person per para. 2.2 when activity is made in this area.

10.0 MARKING & LABELING:

10.1 All drums sent for disposal though an EPA approved hauler, must be clearly marked with our firm's Name and the manifest number and our EPA ID number.

10.2 All drums or tanks in this firm's holding area shall have a log attached. The log shall show what waste has been added to the drum, the approximate quantity and the date such addition has been made.

10.3 All tanks or drums in the holding area during the condensing period shall have a log attached bearing the same information as stated in para. 8.2.

10.4 All drums shall be marked conspicuously and permanently by the use of paint.

11.0 GENERATOR RESPONSIBILITY & DISPOSAL

11.1 This firm shall not store hazardous waste. When an approved DOT container is full, it will be designated for proper and immediate disposal.

11.2 No special waste shall be stored for more than 6 months, regardless of the amount contained.

11.3 Incompatable material shall not be mixed. The plant chemist must be notified when hazardous waste not normal to the operation must be disposed.

11.4 Prior to transporation of a hazardous waste from this firm, Section I of the manifest form must be completed in sextuplicate.

11.5 The disposer must be EPA approved. His EPA I.D. number must be shown on the manifest, he is required to complete section II.

12.0 RECORDS:

12.1 All records pertinent to treatment, storage and disposal must be retained for a period of not less than three years.

13.0 CONTINGENCY PLANS:

13.1 The hazardous waste contained pose no threat to human health or the environment in the event of fire or explosion, due to limited quantity. However, the operating chemical solutions in house do pos such a threat.

13.2 Proper action in the event of any emergency shall minimize hazards to human health or the environment.

It is imperative that a qualified person be available during any emergency that may arise. The list of names in para. 13.3 is on file with the Police Department.

13.3

Robert P. Sica, 25 Hidden Lake Drive, North Brunswick, N.J.	821-954
Janis Karnitis, 689 Pine St., No. Brunswick, N.J.	249-939
Martin Sica, 32 Meadowbrook Lane, Piscataway, N.J.	463-164
Anthony Melchione, 644 Union St., Rahway, N.J.	388-323
Harry F. Sica, 70 John F. Kennedy Blvd., Somerset, N.J.	545-555

13.4 A qualified person available at the time of emergency must be able to identify any substance and caution those parties as to its toxicity.

13.5 Special Equipment is not necessary during an emergency. Proper ventilation and water will minimize any hazard.

13.6 All solutions extremely hazardous (i.e. Cadmium, Cyanide, etc.) must have a drainless concrete pit under the installation so in the event of emergency these solutions will be self-contained.

13.7 All personnel will be continually instructed at this firms quarterly class. The instructions must include safety measures and evacuation.

13.8 Safety measures include techniques for dousing with water, eye washes and emergency showers.

13.9 Exits must be plainly marked and not obstructed by debris or material storage.

14.0 Closure and post closure plans.

14.1 In the event of a prepared closure, 90% of all plating solutions or plating chemicals shall be sent for refining or sold to a direct user.

14.2 The remaining volume of solution constituting 10% of total gallonage as listed below, shall be neutralized, precipitated and the hazardous waste sent for proper disposal.

14.3 In the event of a forced closure the entire volume of solutions in house shall be pumped into DOT approved containers and sent for proper disposal.

14.4 In house inventory of plating solutions consist of:

		Drums:
1.	30 gals. Gold Solution	1
2.	150 gals. Indium Solution	2
3.	150 gals. Copper Sulphate Solution	2
4.	150 gals. Nickel Sulphate Solution	2
5.	30 gals. Rhodium Solution	1
6.	50 gals. Nickel Chloride Solution	1
7.	50 gals. Misc. Cleaning & Preparation Sol.	1
8.	180 gals. Silver Cyanide Solution	3
9.	200 gals. Nickel Sulphamate Solution	3
10.	700 gals. Nickel Sulphate Solution	14
11.	600 gals. Copper Solution	12
12.	300 gals. Nickel Chloride Solution	3
13.	700 gals. Cadmium Cyanide Solution	14
14.	300 gals. Tin Stannate Solution	5
15.	300 gals. Tin Chloride Solution	5
16.	200 gals. Electroless Nickel Solution	3
17.	150 gals. Black Dye Solution	3
18.	50 gals. Sodium Di Chromate Solution	1

		DRUMS
19.	4000 gals. of Chromic Acid Solution	50
20.	200 gals. Chromium Strip Solution	4
21.	50 gals. of Chlorethane V6	1
22.	Chemicals in stock room	10
23.	300 gals. Pickling Vats	6
24.	50 gals. Oil	1
25.	All Lab Chemicals - Dry	1
26.	All Lab Chemicals - Wet	1
	Tota Dr.	150

15.0 Financial & Liability Requirements

15.1 The estimated cost of complete approved disposal is as follows:

1. 150 DOT approved drums	$3,000.00
2. 2 men @40 hours each $15.00/hr. to pump package & mark solutions	1,200.00
3. Profession Services of Analysis	1,000.00
4. Cost of hauling & disposal	14,800.00
Total..	$20,000.00

15.2 Insurance liability which has been approved by the U.S. Environmental Protection Agency is issued by St. Paul Fire & Marine Policy #629NB0871.

15.3 Forced closure costs are covered by a Trust Fund with the Brunswick Bank & Trust for the amount of $20,000.00. This fund has been approved by the U.S. EPA's New York Office.

16.0 REVISION

16.1 This operating manual shall be revised from time to time as changes or additions occur in this firm's system.

16.2 Any change shall be followed by notification of:

1. United States Environmental Protection Agency
   Region 11
   26 Federal Plaza
   New York, New York 10278

2. State of New Jersey
   Department of Environmental Protection
   Solid Waste Managment
   32 E. Hanover Street
   Trenton, New Jersey 08625

Robert P. Sica, Plant Chemist
New Brunswick Plating, Inc.
EPA ID# NJD002145886

DAILY REPORTING LOG

	YES	NO
1. EQUIPMENT:		
Safety Shower (ok)		
Eye Wash (ok)		
Water Valves not leaking		
Treatment Valves not leaking		
Pump Working		
2. FACILITY:		
Plating Tanks have normal levels		
Plating Tanks not leaking		
Waste area clean		
All logs in order		
Housekeeping satisfactory		
Low odors or fumes		
3. TREATMENT & WATER:		
Treatment level under 3,000 gals.		
Area void of debris		
Water meter reading in cu. ft.		

Note: Report any negative response
Report consumption over 1,200 cu. ft.

ENV: 101

WASTE TRACKING LOG (CONTAINER - S01)

DATE	HAZARDOUS WASTE I.D. #	QUANTITY IN GALLONS	LOCATION IN FACILITY	DESCRIPTION OF WASTE	DATE SHIPPED OFF SITE

F006 - Wastewater treatment sludge from electroplating operations.
F007 - Spent Plating both Solutions.
F008 - Plating both sludges from bottom of tanks.
F009 - Spent Stripping & Cleaning both Solutions.

CERTIFIED PLATING FOR AEROSPACE, ELECTRONICS, AVIATION AND INDUSTRY

New Brunswick Plating, Inc.

P.O. BOX 866 • JERSEY AVENUE • NEW BRUNSWICK, NEW JERSEY 08903 • TEL. 201-545-6522

WASTE WATER ANALYSIS

DATE:_____

PARAMETER	TEST METHOD	SAMPLE #1	SAMPLE #2	SAMPLE #3
Total CN mg/l				
Cadmium mg/l				
Copper mg/l				
Chromium mg/l				
Nickel mg/l				
Lead mg/l				

SAMPLE #1 _____

SAMPLE #2 _____

SAMPLE #3 _____

OPERATOR:_____ SIG._____ DATE_____

(ENV-103)

TREATMENT LOG

DATE	TYPE OF WASTE	STARTING VOLUME	METHOD OF TREATMENT	ANALYSIS OF EFFLUENT IF PRECIPITATED	FINAL VOLUME OF WASTE GOING TO STORAGE	DATE SENT TO STORAGE

4

RCRA INSPECTION REVIEW SHEET

Name of Facility - New Brunswick Plating inc.
RCRA ID# - NJD002145886
Date of Inspection - 9/29/81
Type of Inspection: Generator Transporter (TSD)
Name of EPA/State Inspector - Bob Dante, NJDEP

Findings of Inspection: The facility did not have any environmental problem. They were not in compliance with 265.15, 265.16, 265.51 and 265.100.

Action(s) Taken: none

Action(s) Recommended: issue NOV for paper violations

RCRA TREATMENT, STORAGE AND DISPOSAL FACILITY INSPECTION FORM
FOR TSD FACILITIES ONLY

COMPANY NAME: New Brunswick Plating inc EPA I.D. Number: NJD002145886

COMPANY ADDRESS: 596 Jersey Ave

COMPANY CONTACT OR OFFICIAL: Bob Cesica

TITLE: Plant Chemist Vice President

OTHER ENVIRONMENTAL PERMITS HELD BY FACILITY: [ ] NPDES [ ] AIR [ ] OTHER

INSPECTOR'S NAME: Bob Dante

DATE OF INSPECTION: 9/29/81

BRANCH/ORGANIZATION: NJDEP

TIME OF DAY INSPECTION TOOK PLACE: 10:30

(1) Is there reason to believe that the facility has hazardous waste on site?

a. If yes, what leads you to believe it is hazardous waste? Check appropriate box: Yes

[X] Company admits that its waste is hazardous during the inspection.

[X] Company admitted the waste is hazardous in its RCRA notification and/or Part A Permit Application.

[X] The waste material is listed in the regulations as a hazardous waste from a nonspecific source (§261.31)

[ ] The waste material is listed in the regulations as a hazardous waste from a specific source (§261.32)

[X] The material or product is listed in the regulations as a discarded commercial chemical product (§261.33)

[X] EPA testing has shown characteristics of ignitability, corrosivity, reactivity or extraction procedure toxicity, or has revealed hazardous constituents (please attach analysis report)

[ ] Company is unsure but there is reason to believe that waste materials are hazardous. (Explain)

	YES	NO	DON'T KNOW
b. Is there reason to believe that there are hazardous wastes on-site which the company claims are merely products or raw materials?	___	✓	___

Please explain: They know wastes are hazardous

c. Identify the hazardous wastes that are on site, and estimate approximate quantities of each.
2 55 gallon drums metallic waste sludge from nickel and plating operations

(2) Does the facility generate hazardous waste?	✓	___	___
(3) Does the facility transport hazardous waste?	___	✓	___
(4) Does the facility treat, store or dispose of hazardous waste?	✓	___	___

VISUAL OBSERVATIONS

		YES	NO	DON'T KNOW
(5)	SITE SECURITY (§265.14)			
	a. Is there a 24-hour surveillance system?	✓		
	b. Is there a suitable barrier which completely surrounds the active portion of the facility?	yes		
	c. Are there "Danger-Unauthorized Personnel Keep Out" signs posted at each entrance to the facility?		✓	
(6)	Are there ignitable, reactive or incompatible wastes on site? (§265.27)		✓	
	a. If "YES", what are the approximate quantities?			
	b. If "YES", have precautions been taken to prevent accidential ignition or reaction of ignitable or reactive waste?			
	c. If "YES", explain			
	d. In your opinion, are proper precautions taken so that these wastes do not:			
	- generate extreme heat or pressure, fire or explosion, or violent reaction?			
	- produce uncontrolled toxic mists, fumes, dusts, or gases in sufficent quantities to threaten human health?			
	- produce uncontrolled flammable fumes or gases in sufficient quantities to pose a risk of fire or explosions?			
	- damage the structural integrity of the device or facility containing the waste?			
	- threaten human health or the environment?			

Please explain your answers, and comment if necessary.

e. Are there any additional precautions which you would recommend to improve hazardous waste handling procedures at the facility? NA

(7) Does the facility comply with preparedness and prevention requirements including maintaining:

	YES	NO	DON'T KNOW
- an internal communications or alarm system?	✓		
- a telephone or other device to summon emergency assistance from local authorities?	✓		
- portable fire equipment?	✓		
- adequate aisle space?	✓		
- in your opinion, do the types of wastes on site require all of the above procedures, or are some not needed? Explain. They have all of the above	✓		

In your opinion, do the types of wastes on site require all of the above procedures, or are some not needed? Explain. see above

*(8) Have you inspected to verify that the groundwater monitoring wells (if any) mentioned in the facility's groundwater monitoring plan (see no. 19 below) are properly installed?	NA		
If you have, please comment, as appropriate.	NA		
(9) a. Is there any reason to believe that groundwater contamination already exists from this facility? If "YES", explain.		✓	
b. Do you believe that operation of this facility may affect groundwater quality?		✓	
c. If "YES", explain.			

RECORDS INSPECTION

(10) Has the facility received hazardous waste from an off-site source since Nov. 19, 1980 (effective date of the regulations)?		✓	
a. If "YES", does it appear that the facility has a copy of a manifest for each hazardous waste load received?	NA		
b. How many post-November 19 manifests does it have? (If the number is large, you may estimate)			
c. Does each manifest (or a representative sample) have the following information?			
- a manifest document number	NA		

* This requirement applies only after November 19, 1981.

	YES	NO	DON'T KNOW
- the generator's name, mailing address, telephone number, and EPA identification number	NA		
- the name, and EPA identification number of each transporter	NA		
- the name, address and EPA identification number of the designated facility and an alternate facility, if any;	NA		
- a DOT description of the wastes	NA		
- the total quantity of each hazardous waste by units of weight or volume, and the type and number of containers as loaded into or onto the transport vehicle	NA		
- a certification that the materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation under regulations of the Department of Transportation and the EPA	NA		
d. Are there any indications that unmanifested hazardous wastes have been received since November 19, 1980? If YES, explain.	NA		
(11) Does the facility have a written waste analysis plan specifying test methods, sampling methods and sampling frequency? (§265.13)	✓		
a. Does the character of wastes handled at the facility change from day to day, week to week, etc., thus requiring frequent testing? (You may check more than one) Waste characteristics vary ____ All wastes are basically the same ✓ Company treats all waste as hazardous ____ Don't Know ____			
b. Does hazardous waste come to this facility from off-site sources?		✓	
c. If waste comes from an off-site source, are there procedures in the plan to insure that wastes received conform to the accompanying manifest?	NA		
(12) INSPECTIONS (§265.15)			
a. Does the facility have a written inspection schedule?		✓	
b. Does the schedule identify the types of problems to be looked for and the frequency for inspections?			
c. Does the owner/operator record inspections in a log?			
d. Is there evidence that problems reported in the inspection log have not been remedied? If "YES," please explain.			

	YES	NO	DON'T KNOW
(13) PERSONNEL TRAINING (§265.16)			
a. Is there written documentation of the following:			
- job title for each position at the facility related to hazardous waste management and the name of the employee filling each job?	___	✓	___
- type and amount of training to be given to personnel in jobs related to hazardous waste management?	___	___	___
- actual training or experience received by personnel?	___	___	___
(14) Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosion or any unplanned release of hazardous waste? (§265.51)	___	✓	___
a. Does the plan describe arrangements made with local authorities?	___	___	___
b. Has the contingency plan been submitted to local authorities?	___	___	___
How do you know?			
c. Does the plan list names, addresses, and phone numbers of Emergency Coordinators?	___	___	___
d. Does the plan have a list of what emergency equipment is available?	___	___	___
e. Is there a provision for evacuating facility personnel?	___	___	___
f. Was an Emergency Coordinator present or on call at the time of the inspection?	___	___	___
(15) Does the owner/operator keep a written operating record with: (§265.73)			
- a description of wastes received with methods and dates of treatment, storage or disposal?	NA	___	___
- location and quantity of each waste?	NA	___	___
- detailed records and results of waste analysis and treatability tests performed on wastes coming into the facility?	NA	___	___
- detailed operating summary reports and description of all emergency incidents that required the implementation of the facility contingency plan?	NA	___	___
*(16) Does the facility have written closure and post-closure plans? (§265.110)	___	✓	___
a. Does the written closure plan include:			
- a description of how and when the facility will be partially (if applicable) and ultimately closed?	___	___	___

* Effective date for this requirement is May 19, 1981.

	YES	NO	DON'T KNOW
- an estimate of the maximum inventory of wastes in storage or treatment at any time during the life of the facility?	___	___	___
- a description of the steps necessary to decontaminate facility equipment during closure?	___	___	___
- a schedule for final closure including the anticipated date when wastes will no longer be received and when final closure will be completed?	___	___	___
b. What is the anticipated date for final closure?	___	___	___
†c. Does the owner/operator have a written post-closure plan identifying the activities which will be carried on after closure and the frequency of these activities?	___	___	___
d. Does the written post-closure plan include:			
- a description of planned groundwater monitoring activities and their frequencies during post-closure?	___	___	___
- a description of planned maintenance activities and frequencies to ensure integrity of final cover during post-closure?	___	___	___
- the name, address and phone number of a person or office to contact during post-closure?	___	___	___
*(17) Does the owner/operator have a written estimate of the cost of closing the facility? (§265.142) What is it?	___	✓	___
*(18) Does the owner/operator have a written estimate of the cost for post-closure monitoring and maintenance? What is it? (§265.144)	___	✓	___
	NA	___	___
*(19) Has a groundwater monitoring plan been submitted to the Regional Administrator for facilities containing a surface impoundment, landfill or land treatment process? (This requirement does not apply to recycling facilities.) (§265.90)			
a. Does the plan indicate that at least one monitoring well has been installed hydraulically upgradient from the limit of the waste mangement area?	NA	___	___
b. Does the plan indicate that there are at least three monitoring wells installed hydraulically downgradient at the limit of the waste management area?	NA	___	___

† This section applies only to disposal facilities.

* Effective date for this requirement is May 19, 1981.

SITE-SPECIFIC

please circle all appropriate activities and answer questions on indicated pages for all activities circled. When you submit your report, include only those site-specific pages that you have used.

STORAGE	TREATMENT	DISPOSAL
Waste Pile p. 9	Tank p. 8	Landfill pp. 10-11
Surface Impoundment p. 8	Surface Impoundment pp. 8-9	Land Treatment pp. 9, 10
Container p. 7	Incineration pp. 12-13	Surface Impoundment p. 8
Tank, above ground p. 8	Thermal Treatment pp. 12-13	Other_____
Tank, below ground p. 8	Land Treatment pp. 9-10	
Other _____	Chemical, Physical p. 13 and Biological Treatment (other than in tanks, surface impoundment or land treatment facilities)	
	Other Neutralization & precipitation of metals salts	

CONTAINERS (§265.170)

	YES	NO	DON'T KNOW
1. Are there any leaking containers? If "YES", explain.		✓	
2. Are there any containers which appear in danger of leaking? If "YES", explain.		✓	
3. Do wastes appear compatible with container materials?	✓		
4. Are all containers closed except those in use?	✓		
5. Do containers appear to be opened, handled or stored in a manner which may rupture the containers or cause them to leak?		✓	
6. How often does the plant manager claim to inspect container storage areas? weekly			
7. Does it appear that incompatible wastes are being stored in close proximity to one another? If "YES", explain.		✓	
8. Are containers holding ignitable or reactive wastes located at least 15 meters (50 feet) from the facility's property line?	N/A		
9. What is the approximate number and size of containers with hazardous wastes?	2 - 55 gallon drums		

TANKS (§265.190)	YES	NO	DON'T KNOW
1. Are there any leaking tanks? If "YES", explain.	___	___	___
2. Are there any tanks which appear in danger of leaking. If "YES", explain.	___	___	___
3. Are wastes or treatment reagents being placed in tanks which could cause them to rupture, leak, corrode or otherwise fail? If "YES", explain.	___	___	___
4. Do uncovered tanks have at least 2 feet of freeboard or an adequate containment structure?	___	___	___
5. Where hazardous waste is continuously fed into a tank, is the tank equipped with a means to stop this inflow?	___	___	___
6. Does it appear that incompatible wastes are being stored in close proximity to one another, or in the same tank? If "YES", explain.	___	___	___
7. How often does the plant manager claim to inspect container storage areas?			
8. Are ignitable or reactive wastes stored in a manner which protects them from a source of ignition or reaction? If "YES", explain.	___	___	___
9. What is the approximate number and size of tanks containing hazardous wastes?			

SURFACE IMPOUNDMENTS (§265.220)			
1. Is there at least 2 feet of freeboard in the impoundment?	___	___	___
2. Do all earthen dikes have a protective cover to preserve their structural integrity? If "YES", specify type of covering.	___	___	___
3. Is there reason to believe that incompatible wastes are being placed in the same surface impoundment? If "YES", explain.	___	___	___

	YES	NO	DON'T KNOW
4. Are ignitable or reactive wastes being placed in surface impoundments without being treated to remove these characteristics? If "YES", explain.	___	___	___
5. Are there any leaks, failures or is there any deteriorization in the impoundments? If "YES", explain.	___	___	___
6. Give the approximate size of surface impoundments (gallons or cubic feet).			

WASTE PILES (§265.250)

1. Is the waste pile protected from wind erosion?	___	___	___
a. Does it appear to need such protection?	___	___	___
b. Explain what type of protection exists.			
2. Does it appear that incompatible wastes are being stored in the same waste pile? If "YES", explain.	___	___	___
3. Is leachate run-off from a pile a hazardous waste? If "YES", explain this determination and answer (a) and (b) below.	___	___	___
a. Is the pile placed on an impermeable base that is compatible with the waste?	___	___	___
b. Is the pile protected from precipitation and run-on?	___	___	___
4. In your judgment, are ignitable or reactive wastes managed in such a way that they are protected from any material or conditions which may cause them to ignite? Please explain or indicate if no such wastes are present.	___	___	___
Are they placed on an existing pile so that they no longer meet the definition of ignitable or reactive waste? Please explain.	___	___	___
5. How many waste piles are on site, and approximately how large are they?			

LAND TREATMENT (§265.270)

1. Can the facility operator demonstrate that the hazardous waste has been made less or non-hazardous by biological degradation or chemical reactions occurring in or on the soil? Please explain.	___	___	___

	YES	NO	DON'T KNOW
*2. Is run-on diverted away from the active portions of the land treatment facility?	___	___	___
*3. Is run-off collected?	___	___	___
4. Are food chain crops being grown on the facility property?	___	___	___
a. If "YES", can the facility operator document that arsenic, lead and mercury:			
- will not be transferred to the crop or ingested by food chain animals or	___	___	___
- will not occur in greater concentrations in the crops grown on the land treatment facility than in the same crops grown on untreated soils.	___	___	___
b. Has notification of the growing of the food chain crops been made to the Regional Administrator?	___	___	___
5. Is there a written and implemented plan for unsaturated zone monitoring?	___	___	___
6. Are there records of the application dates, application rates, quantities and location of each hazardous waste placed in the facility?	___	___	___
7. Do the closure and post-closure plans address:			
a. control of migration of hazardous wastes into the groundwater?	___	___	___
b. control of run-off, release of airborne particulate contaminants?	___	___	___
c. compliance with requirements for the growth of food-chain crops (if they are present)?	___	___	___
8. Is ignitable or reactive waste immediately incorporated into the soil so the resulting waste no longer meets that definition? If "YES", explain.	___	___	___
9. Are incompatible wastes placed in the same land treatment area? If "YES", explain.	___	___	___
10. What is the area of the land receiving hazardous waste treatment?	___	___	___

LANDFILLS (§265.300)

†1. Is run-on diverted away from the active portions of the landfill?	___	___	___
†2. Is run-off from active portions of the landfill collected?	___	___	___

* Effective date for these requirements is May 19, 1981.

† These requirements are effective November 19, 1981.

	YES	NO	DON'T KNOW
3. Is waste which is subject to wind dispersal controlled? Explain.	___	___	___
4. Does the owner/operator maintain a map with:			
- the exact location and dimensions of each cell	___	___	___
- the contents of each cell and approximate location of each hazardous waste type	___	___	___
5. Do the closure and post-closure plans address:			
- control of pollutant migration via ground water?	___	___	___
- control of surface water infiltration?	___	___	___
- prevention of erosion?	___	___	___
6. Is ignitable or reactive waste treated before being placed in the landfill? Explain how you know.	___	___	___
7. Are precautions taken to insure that incompatible wastes are not placed in the same landfill cell? If "NO", explain.	___	___	___
8. Are bulk or non-containerized wastes containing free liquids placed in the landfill? If "YES",	___	___	___
a. Does the landfill have a liner which is chemically and physically resistant to the added liquid?	___	___	___
b. Is the waste treated and stabilized so that free liquids are no longer present?	___	___	___
*9. Are containers holding liquid waste or waste containing free liquids placed in the landfill?	___	___	___
10. Are empty containers (e.g. those containing less than 1/2 inch of liquid) placed in the landfills?	___	___	___
If so, are they crushed flat, shredded or similarly reduced in volume before they are buried?	___	___	___

11. What is the approximate area of the hazardous waste landfill?

---

* Effective date for this requirement is November 19, 1981.

INCINERATORS AND THERMAL TREATMENT
(§§265.340 and 265.379)

	YES	NO	DON'T KNOW
1. What type of incinerator or thermal treatment is at the site (e.g. waterwall incinerator, boiler, fluidized bed, etc.)?			
2. Was hazardous waste being incinerated or thermally treated during your inspection? If "YES", answer all following questions. If "NO", answer only questions 3 and 7.	___	___	___
3. Has waste analysis been performed (and written records kept) to include:			
- heating value of the waste	___	___	___
- halogen content	___	___	___
- sulfur content	___	___	___
- concentration of lead	___	___	___
- concentration of mercury	___	___	___

NOTE: Waste analysis need not be performed on each waste load if if there are documented data available to show waste characteristics that do not vary. If there are such documented data available, check here [ ].

4. Does it appear that the owner/operator brings his thermal treatment process to steady state (normal) conditions of operation before introducing hazardous wastes?	___	___	___
5. Did it appear during your inspection that there was adequate monitoring and inspection by owner/operator every 15 minutes during hazardous waste incineration for:			
- waste feed	___	___	___
- auxiliary fuel feed	___	___	___
- air flow	___	___	___
- incinerator temperature	___	___	___
- scrubber flow	___	___	___
- scrubber pH	___	___	___
- relevant level controls	___	___	___
Every hour for:			
- stack plume (color and opacity)	___	___	___
5. Is there open burning of hazardous waste?	___	___	___

a. If "YES", what is being burned? (only burning or detonation of explosives is permitted)

b. If open burning or detonation of explosives is taking place, approximately what is the distance from the open burning or detonation to the property of others?

	YES	NO	DON'T KNOW
6. Does the incinerator appear to be operating properly? (Do emergency shutdown controls and system alarms seem to be in good working order?) Please explain.	___	___	___
a. Is there any evidence of fugitive emissions?	___	___	___
7. Is the residue from the incinerator treated by the owner as a hazardous waste? Please explain.	___	___	___

8. What types of air pollution control devices (if any) are installed on the incinerator?

CHEMICAL, PHYSICAL AND BIOLOGICAL TREATMENT (§265.400)

1. Does the treatment process system show any signs of ruptures, leaks, or corrosion? Please explain.	___	___	___
2. Is there a means to stop the inflow of continuously-fed hazardous wastes?	___	___	___
3. Is there ignitable or reactive waste fed into the treatment system?	___	___	___
If "YES", has it been treated or protected from any material or conditions which may cause it to ignite or react? If so, explain how.	___	___	___
Are the incompatible wastes placed in the same treatment process? If "YES", explain.	___	___	___

5. Describe the treatment system at this facility.

Name of Facility - New Brunswick Plating Inc
RCRA ID# - NJD002145886
Date of Inspection - 9/29/81
Type of Inspection: Generator Transporter (TSD)
Name of EPA/State Inspector - Bob Dante, NJDEP

Findings of Inspection: The facility did not have any environmental problem. They were not in compliance with 265.15, 265.16, 265.51 and 265.160.

Action(s) Taken: None

Already Received & Logged

Action(s) Recommended: Issue NOV for paper violations

RCRA TREATMENT, STORAGE AND DISPOSAL FACILITY INSPECTION FORM
FOR TSD FACILITIES ONLY

COMPANY NAME: New Brunswick Plating inc EPA I.D. Number: NJD002145886

COMPANY ADDRESS: 596 Jersey Ave

COMPANY CONTACT OR OFFICIAL: Bob Cesica

TITLE: Plant Chemist Vice President

OTHER ENVIRONMENTAL PERMITS HELD BY FACILITY: ☐ NPDES ☐ AIR ☐ OTHER

INSPECTOR'S NAME: Bob Dante

DATE OF INSPECTION: 9/29/81

BRANCH/ORGANIZATION: NJDEP

TIME OF DAY INSPECTION TOOK PLACE: 10:30

(1) Is there reason to believe that the facility has hazardous waste on site?

a. If yes, what leads you to believe it is hazardous waste? Check appropriate box: 1-5

☒ Company admits that its waste is hazardous during the inspection.

☒ Company admitted the waste is hazardous in its RCRA notification and/or Part A Permit Application.

☒ The waste material is listed in the regulations as a hazardous waste from a nonspecific source (§261.31)

☐ The waste material is listed in the regulations as a hazardous waste from a specific source (§261.32)

☒ The material or product is listed in the regulations as a discarded commercial chemical product (§261.33)

☒ EPA testing has shown characteristics of ignitability, corrosivity, reactivity or extraction procedure toxicity, or has revealed hazardous constituents (please attach analysis report)

☐ Company is unsure but there is reason to believe that waste materials are hazardous. (Explain)

	YES	NO	DON'T KNOW
b. Is there reason to believe that there are hazardous wastes on-site which the company claims are merely products or raw materials?	___	✓	___

Please explain: They know wastes are hazardous

...if the hazardous wastes that are on-site.

VISUAL OBSERVATIONS

	YES	NO	DON'T KNOW
(5) SITE SECURITY (§265.14)			
a. Is there a 24-hour surveillance system?	✓		
b. Is there a suitable barrier which completely surrounds the active portion of the facility? yes			
c. Are there "Danger-Unauthorized Personnel Keep Out" signs posted at each entrance to the facility?		✓	
(6) Are there ignitable, reactive or incompatible wastes on site? (§265.27)		✓	
a. If "YES", what are the approximate quantities?			
b. If "YES", have precautions been taken to prevent accidential ignition or reaction of ignitable or reactive waste?			
c. If "YES", explain			
d. In your opinion, are proper precautions taken so that these wastes do not:			
- generate extreme heat or pressure, fire or explosion, or violent reaction?			
- produce uncontrolled toxic mists, fumes, dusts, or gases in sufficent quantities to threaten human health?			
- produce uncontrolled flammable fumes or gases in sufficient quantities to pose a risk of fire or explosions?			
- damage the structural integrity of the device or facility containing the waste?			
- threaten human health or the environment?			

Please explain your answers, and comment if necessary.

e. Are there any additional precautions which you would recommend to improve hazardous waste handling procedures at the facility? N/A

	YES	NO	DON'T KNOW
- an internal communications or alarm system?	✓		
- a telephone or other device to summon emergency assistance from local authorities?	✓		
- portable fire equipment?	✓		
- adequate aisle space?	✓		
- in your opinion, do the types of wastes on site require all of the above procedures, or are some not needed? Explain. They have all of the above	✓		

In your opinion, do the types of wastes on site require all of the above procedures, or are some not needed? Explain. see above

*(8) Have you inspected to verify that the groundwater monitoring wells (if any) mentioned in the facility's groundwater monitoring plan (see no. 19 below) are properly installed?	N/A		
	N/A		
If you have, please comment, as appropriate.			
(9) a. Is there any reason to believe that groundwater contamination already exists from this facility? If "YES", explain.		✓	
b. Do you believe that operation of this facility may affect groundwater quality?		✓	
c. If "YES", explain.			

RECORDS INSPECTION

(10) Has the facility received hazardous waste from an off-site source since Nov. 19, 1980 (effective date of the regulations)?		✓	
a. If "YES", does it appear that the facility has a copy of a manifest for each hazardous waste			

	YES	NO	DON'T KNOW
- the generator's name, mailing address, telephone number, and EPA identification number	NA		
- the name, and EPA identification number of each transporter	NA		
- the name, address and EPA identification number of the designated facility and an alternate facility, if any;	NA		
- a DOT description of the wastes	NA		
- the total quantity of each hazardous waste by units of weight or volume, and the type and number of containers as loaded into or onto the transport vehicle	NA		
- a certification that the materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation under regulations of the Department of Transportation and the EPA	NA		
d. Are there any indications that unmanifested hazardous wastes have been received since November 19, 1980? If YES, explain.	NA		
(11) Does the facility have a written waste analysis plan specifying test methods, sampling methods and sampling frequency? (§265.13)	✓		
a. Does the character of wastes handled at the facility change from day to day, week to week, etc., thus requiring frequent testing? (You may check more than one) Waste characteristics vary _____ All wastes are basically the same ✓ Company treats all waste as hazardous _____ Don't Know _____			
b. Does hazardous waste come to this facility from off-site sources?		✓	
c. If waste comes from an off-site source, are there procedures in the plan to insure that wastes received conform to the accompanying manifest?	NA		

(12) INSPECTIONS (§265.15)

	YES	NO	DON'T KNOW
(13) PERSONNEL TRAINING (§265.16)			
a. Is there written documentation of the following:			
- job title for each position at the facility related to hazardous waste management and the name of the employee filling each job?	___	✓	___
- type and amount of training to be given to personnel in jobs related to hazardous waste management?	___	___	___
- actual training or experience received by personnel?	___	___	___
(14) Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosion or any unplanned release of hazardous waste? (§265.51)	___	✓	___
a. Does the plan describe arrangements made with local authorities?	___	___	___
b. Has the contingency plan been submitted to local authorities?	___	___	___
How do you know?			
c. Does the plan list names, addresses, and phone numbers of Emergency Coordinators?	___	___	___
d. Does the plan have a list of what emergency equipment is available?	___	___	___
e. Is there a provision for evacuating facility personnel?	___	___	___
f. Was an Emergency Coordinator present or on call at the time of the inspection?	___	___	___
(15) Does the owner/operator keep a written operating record with: (§265.73)			
- a description of wastes received with methods and dates of treatment, storage or disposal?	N/A	___	___
- location and quantity of each waste?	N/A	___	___
- detailed records and results of waste analysis and treatability tests performed on wastes coming into the facility?	N/A	___	___

	YES	NO	DON'T KNOW
- an estimate of the maximum inventory of wastes in storage or treatment at any time during the life of the facility?	___	___	___
- a description of the steps necessary to decontaminate facility equipment during closure?	___	___	___
- a schedule for final closure including the anticipated date when wastes will no longer be received and when final closure will be completed?	___	___	___
b. What is the anticipated date for final closure?	___	___	___
†c. Does the owner/operator have a written post-closure plan identifying the activities which will be carried on after closure and the frequency of these activities?	___	___	___
d. Does the written post-closure plan include:			
- a description of planned groundwater monitoring activities and their frequencies during post-closure?	___	___	___
- a description of planned maintenance activities and frequencies to ensure integrity of final cover during post-closure?	___	___	___
- the name, address and phone number of a person or office to contact during post-closure?	___	___	___
*(17) Does the owner/operator have a written estimate of the cost of closing the facility? (§265.142) What is it?	___	✓	___
*(18) Does the owner/operator have a written estimate of the cost for post-closure monitoring and maintenance? What is it? (§265.144)	___	✓	___
	NA	___	___
*(19) Has a groundwater monitoring plan been submitted to the Regional Administrator for facilities containing a surface impoundment, landfill or land treatment process? (This requirement does not apply to recycling facilities.) (§265.90)			
a. Does the plan indicate that at least one monitoring well has been installed hydraulically upgradient from the limit of the waste mangement area?	NA	___	___

SITE-SPECIFIC

Please circle all appropriate activities and answer questions on indicated pages for all activities circled. When you submit your report, include only those site-specific pages that you have used.

STORAGE	TREATMENT	DISPOSAL
Waste Pile p. 9	Tank p. 8	Landfill pp. 10-11
Surface Impoundment p. 8	Surface Impoundment pp. 8-9	Land Treatment pp. 9, 10
Container p. 7	Incineration pp. 12-13	Surface Impoundment p. 8
Tank, above ground p. 8	Thermal Treatment pp. 12-13	Other _____
Tank, below ground p. 8	Land Treatment pp. 9-10	
Other _____	Chemical, Physical p. 13 and Biological Treatment (other than in tanks, surface impoundment or land treatment facilities)	
	Other Neutralization & precipitation of metals salts	

CONTAINERS (§265.170)

	YES	NO	DON'T KNOW
1. Are there any leaking containers? If "YES", explain.		✓	
2. Are there any containers which appear in danger of leaking? If "YES", explain.		✓	
3. Do wastes appear compatible with container materials?	✓		
4. Are all containers closed except those in use?	✓		
5. Do containers appear to be opened, handled or stored in a manner which may rupture the containers or cause them to leak?		✓	

6. How often does the plant manager claim to inspect container storage areas? weekly

TANKS (§265.190)	YES	NO	DON'T KNOW
1. Are there any leaking tanks? If "YES", explain.	___	___	___
2. Are there any tanks which appear in danger of leaking. If "YES", explain.	___	___	___
3. Are wastes or treatment reagents being placed in tanks which could cause them to rupture, leak, corrode or otherwise fail? If "YES", explain.	___	___	___
4. Do uncovered tanks have at least 2 feet of freeboard or an adequate containment structure?	___	___	___
5. Where hazardous waste is continuously fed into a tank, is the tank equipped with a means to stop this inflow?	___	___	___
6. Does it appear that incompatible wastes are being stored in close proximity to one another, or in the same tank? If "YES", explain.	___	___	___
7. How often does the plant manager claim to inspect container storage areas?			
8. Are ignitable or reactive wastes stored in a manner which protects them from a source of ignition or reaction? If "YES", explain.	___	___	___
9. What is the approximate number and size of tanks containing hazardous wastes?			

SURFACE IMPOUNDMENTS (§265.220)			
1. Is there at least 2 feet of freeboard in the impoundment?	___	___	___
2. Do all earthen dikes have a protective			

	YES	NO	DON'T KNOW
4. Are ignitable or reactive wastes being placed in surface impoundments without being treated to remove these characteristics? If "YES", explain.	___	___	___
5. Are there any leaks, failures or is there any deteriorization in the impoundments? If "YES", explain.	___	___	___
6. Give the approximate size of surface impoundments (gallons or cubic feet).			

WASTE PILES (§265.250)

1. Is the waste pile protected from wind erosion?	___	___	___
a. Does it appear to need such protection?	___	___	___
b. Explain what type of protection exists.			
2. Does it appear that incompatible wastes are being stored in the same waste pile? If "YES", explain.	___	___	___
3. Is leachate run-off from a pile a hazardous waste? If "YES", explain this determination and answer (a) and (b) below.	___	___	___
a. Is the pile placed on an impermeable base that is compatible with the waste?	___	___	___
b. Is the pile protected from precipitation and run-on?	___	___	___
4. In your judgment, are ignitable or reactive wastes managed in such a way that they are protected from any material or conditions which may cause them to ignite? Please explain or indicate if no such wastes are present.	___	___	___
Are they placed on an existing pile so that they no longer meet the definition of ignitable or reactive waste? Please explain	___	___	___

	YES	NO	DON'T KNOW
*2. Is run-on diverted away from the active portions of the land treatment facility?	___	___	___
*3. Is run-off collected?	___	___	___
4. Are food chain crops being grown on the facility property?	___	___	___
a. If "YES", can the facility operator document that arsenic, lead and mercury:			
- will not be transferred to the crop or ingested by food chain animals or	___	___	___
- will not occur in greater concentrations in the crops grown on the land treatment facility than in the same crops grown on untreated soils.	___	___	___
b. Has notification of the growing of the food chain crops been made to the Regional Administrator?	___	___	___
5. Is there a written and implemented plan for unsaturated zone monitoring?	___	___	___
6. Are there records of the application dates, application rates, quantities and location of each hazardous waste placed in the facility?	___	___	___
7. Do the closure and post-closure plans address:			
a. control of migration of hazardous wastes into the groundwater?	___	___	___
b. control of run-off, release of airborne particulate contaminants?	___	___	___
c. compliance with requirements for the growth of food-chain crops (if they are present)?	___	___	___
8. Is ignitable or reactive waste immediately incorporated into the soil so the resulting waste no longer meets that definition? If "YES", explain.	___	___	___
9. Are incompatible wastes placed in the same land treatment area? If "YES", explain.	___	___	___
10. What is the area of the land receiving hazardous waste treatment?	___	___	___

	YES	NO	DON'T KNOW
3. Is waste which is subject to wind dispersal controlled? Explain.	___	___	___
4. Does the owner/operator maintain a map with:			
- the exact location and dimensions of each cell	___	___	___
- the contents of each cell and approximate location of each hazardous waste type	___	___	___
5. Do the closure and post-closure plans address:			
- control of pollutant migration via ground water?	___	___	___
- control of surface water infiltration?	___	___	___
- prevention of erosion?	___	___	___
6. Is ignitable or reactive waste treated before being placed in the landfill? Explain how you know.	___	___	___
7. Are precautions taken to insure that incompatible wastes are not placed in the same landfill cell? If "NO", explain.	___	___	___
8. Are bulk or non-containerized wastes containing free liquids placed in the landfill? If "YES",	___	___	___
a. Does the landfill have a liner which is chemically and physically resistant to the added liquid?	___	___	___
b. Is the waste treated and stabilized so that free liquids are no longer present?	___	___	___
*9. Are containers holding liquid waste or waste containing free liquids placed in the landfill?	___	___	___
10. Are empty containers (e.g. those containing less than 1/2 inch of liquid) placed in the landfills?		___	___

INCINERATORS AND THERMAL TREATMENT
(§§265.340 and 265.379)

	YES	NO	DON'T KNOW
1. What type of incinerator or thermal treatment is at the site (e.g. waterwall incinerator, boiler, fluidized bed, etc.)?			
2. Was hazardous waste being incinerated or thermally treated during your inspection? If "YES", answer all following questions. If "NO", answer only questions 3 and 7.	___	___	___
3. Has waste analysis been performed (and written records kept) to include:			
- heating value of the waste	___	___	___
- halogen content	___	___	___
- sulfur content	___	___	___
- concentration of lead	___	___	___
- concentration of mercury	___	___	___

NOTE: Waste analysis need not be performed on each waste load if if there are documented data available to show waste characteristics that do not vary. If there are such documented data available, check here [ ].

4. Does it appear that the owner/operator brings his thermal treatment process to steady state (normal) conditions of operation before introducing hazardous wastes?	___	___	___
5. Did it appear during your inspection that there was adequate monitoring and inspection by owner/operator every 15 minutes during hazardous waste incineration for:			
- waste feed	___	___	___
- auxiliary fuel feed	___	___	___
- air flow	___	___	___
- incinerator temperature	___	___	___
- scrubber flow	___	___	___

a. If "YES", what is being burned? (only burning or detonation of explosives is permitted)

b. If open burning or detonation of explosives is taking place, approximately what is the distance from the open burning or detonation to the property of others?

	YES	NO	DON'T KNOW
6. Does the incinerator appear to be operating properly? (Do emergency shutdown controls and system alarms seem to be in good working order?) Please explain.	___	___	___
a. Is there any evidence of fugitive emissions?	___	___	___
7. Is the residue from the incinerator treated by the owner as a hazardous waste? Please explain.	___	___	___

8. What types of air pollution control devices (if any) are installed on the incinerator?

CHEMICAL, PHYSICAL AND BIOLOGICAL TREATMENT (§265.400)

1. Does the treatment process system show any signs of ruptures, leaks, or corrosion? Please explain.	___	___	___
2. Is there a means to stop the inflow of continuously-fed hazardous wastes?	___	___	___
3. Is there ignitable or reactive waste fed into the treatment system?	___	___	___
If "YES", has it been treated or protected from any material or conditions which may cause it to ignite or react? If so, explain how.	___	___	___
Are the incompatible wastes placed in the same treatment process? If "YES", explain.	___	___	___

5. Describe the treatment system at this facility.

EPA

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act *(RCRA)*. Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ➤ NJD002145886

NEW BRUNSWICK PLATING INC
PO BOX 866
NEW BRUNSWICK NJ 08903

INSTALLATION ADDRESS ➤ 596 JERSEY AVE
NEW BRUNSWICK NJ 08903

EPA Form 8700-12B (4-80)

10/09/80

Please print or type with ELITE type (12 characters/inch) in the unshaded areas only.

Form Approved OMB No. 158-S79016
GSA No. 0246-EPA-OT

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

INSTALLATION'S EPA I.D. NO.: NJD002145886

I. NAME OF INSTALLATION: ~~NEW BRUNSWICK METAL CHRMM PLTG~~ ~~INC.~~

II. INSTALLATION MAILING ADDRESS: ~~PO BOX 866~~
~~NEW BRUNSWICK, NJ 08901~~ 08903

III. LOCATION OF INSTALLATION: ~~596~~ ~~JERSEY AVE~~
~~NEW BRUNSWICK, NJ 08901~~ 08903

DETACH

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
S F NJD002145886 T/A 3 C 1		800716

I. NAME OF INSTALLATION

NEW BRUNSWICK PLATING INC

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 PO BOX 866

CITY OR TOWN	ST.	ZIP CODE
4 NEW BRUNSWICK	NJ	08903

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 596 JERSEY AVE

CITY OR TOWN	ST.	ZIP CODE
6 NEW BRUNSWICK	NJ	08903

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)
2 SICA ROBERT P. VICE PRES	201-545-6522

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 NEW BRUNSWICK PLATING INC

B. TYPE OF OWNERSHIP (enter the appropriate letter into box): M

F = FEDERAL
M = NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

- [ ] A. GENERATION
- [ ] B. TRANSPORTATION (complete item VII)
- [X] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only – enter "X" in the appropriate box(es))

- [ ] A. AIR
- [ ] B. RAIL
- [ ] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

- [X] A. FIRST NOTIFICATION
- [ ] B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.: ~~NJD002145886~~

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

FOR OFFICIAL USE ONLY

S														T/A	C
W	N	D	0	0	2	1	4	5	8	8	6			2	1
1	2										13	14	15		

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F006	F007	F008	F009		
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

☐ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
Robert P. Sica	ROBERT P. SICA VICE PRES.	JULY 10, 1980

EPA Form 8700-12 (6-80) REVERSE

(fill—in areas are spaced for elite type, i.e., 12 characters/inch). Form Approved OMB No. 158-R0175

FORM 1 GENERAL

EPA

ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F NJD002145886 T/A 3 C D

LABEL ITEMS

I. EPA I.D. NUMBER	NJD002145886
III. FACILITY NAME	NEW BRUNSWICK NCKL CHRMM PLTG*
V. FACILITY MAILING ADDRESS	PO BOX 866 NEW BRUNSWICK, NJ 08903
VI. FACILITY LOCATION	596 JERSEY AVE NEW BRUNSWICK, NJ 08903

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill—in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill—in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold—faced terms.**

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.?** (FORM 2A)		X	
B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.?** (FORM 2B)		X	
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)		X	
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.?** (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of **hazardous wastes?** (FORM 3)	X		
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area?** (FORM 5)		X	
J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area?** (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP NEW BRUNSWICK NICKLE & CHROMIUM PLTG INC

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 SICA ROBERT P VICE PRES.	201 545 6522

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX	B. CITY OR TOWN	C. STATE	D. ZIP CODE
3 P.O. BOX 866	4 NEW BRUNSWICK	NJ	08903

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	B. COUNTY NAME
5 596 JERSEY AVE.	MIDDLESEX

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 NEW BRUNSWICK	NJ	08903	

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
(specify) 3471 ELECTROPLATING OF METALS	(specify)
C. THIRD	**D. FOURTH**
(specify)	(specify)

VIII. OPERATOR INFORMATION

A. NAME: NEW BRUNSWICK NICKEL & CHROMIUM PLATING

B. Is the name listed in Item VIII-A also the owner? ☒ YES ☐ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)
F = FEDERAL, S = STATE, P = PRIVATE, M = PUBLIC (other than federal or state), O = OTHER (specify)
P (specify)

D. PHONE (area code & no.): 201 545 6522

E. STREET OR P.O. BOX: P.O.BOX866 JERSEY AVE

F. CITY OR TOWN: NEW BRUNSWICK

G. STATE: NJ

H. ZIP CODE: 08903

IX. INDIAN LAND

Is the facility located on Indian lands? ☐ YES ☒ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Proposed Sources)
N	P
B. UIC (Underground Injection of Fluids)	**E. OTHER** (specify)
U	9 (specify)
C. RCRA (Hazardous Wastes)	**E. OTHER** (specify)
R	9 (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements. F9: A/50

XII. NATURE OF BUSINESS (provide a brief description)

A NON-AUTOMATED JOB SHOP ELECTROPLATING FACILITY. NO PRODUCT IS MADE OR FABRICATED.

WE RENDER ELECTROPLATING AND RELATED FINISHES TO PRODUCTS SHIPPED TO OUR PLANT. F9: A/51

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
ROBERT P. SICA VICE PRES.	Robert P Sica	NOV. 18, 1980

COMMENTS FOR OFFICIAL USE ONLY

(fill—in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-S80004

FORM 3 RCRA

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER: F N J D 0 0 2 1 4 5 8 8 6 (T/A: 2, C: 1)

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
	8 0 1 1 9	

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

- [X] 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*
- [ ] 2. NEW FACILITY *(Complete item below.)*

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left): C | YR. 4 6 | MO. 1 2 | DAY 2 6

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN: YR. | MO. | DAY

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

- [ ] 1. FACILITY HAS INTERIM STATUS
- [ ] 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES – CODES AND DESIGN CAPACITIES

A. PROCESS CODE – Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C)*.

B. PROCESS DESIGN CAPACITY – For each code entered in column A enter the capacity of the process.

1. AMOUNT – Enter the amount.
2. UNIT OF MEASURE – For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C | DUP | T/A | C 1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S02	600	G		5				
X-2	T03	20	E		6				
1	S02	2400000 1200000	G		7				
2	S02	1200000	G		8				
3	T01	3000000	U		9				
4					10				

Continued from the front.

III. PROCESSES *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES *(code "T04")*. FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER – Enter the four–digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four–digit number*(s)* from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY – For each **listed waste** entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each **characteristic** or **toxic contaminant** entered in column A estimate the total annual quantity of all the non–listed waste*(s)* that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE – For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:
   For listed hazardous waste: For each **listed** hazardous waste entered in column A select the code*(s)* from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non–listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code*(s)* from the list of process codes contained in Item III to indicate **all** the processes that will be used to store, treat, and/or dispose of all the non–listed hazardous wastes that possess that characteristic or toxic contaminant.
   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code*(s)*.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER – Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* – A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non–listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.
NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)	T/A	C	FOR OFFICIAL USE ONLY	T/A	C	
W NJD002145886	3	1	W DUP	3	2	DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)				D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	F006	300000	P	T01	S02			
2	F007	100000	P	S02				
3	F008	100000	P	S02				
4	F009	200000	P	T01	S02			
5								
6								
7								
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9								
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11								
12								
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21								
22								
23								
24								
25								
26								

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE

F6: A/55 F6: A/56

EPA I.D. NO. (enter from page 1)

F	N	J	D	0	0	2	1	4	5	8	8	6	T/A 3	C 6

V. FACILITY DRAWING

All **existing** facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail).*

VI. PHOTOGRAPHS

All existing facilities must include photographs *(aerial or ground–level)* that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas *(see instructions for more detail).*

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)	LONGITUDE (degrees, minutes, & seconds)
40 30 000	074 30 000

VIII. FACILITY OWNER

[X] A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. (area code & no.)
C E /	

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
C F /	C G /		

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

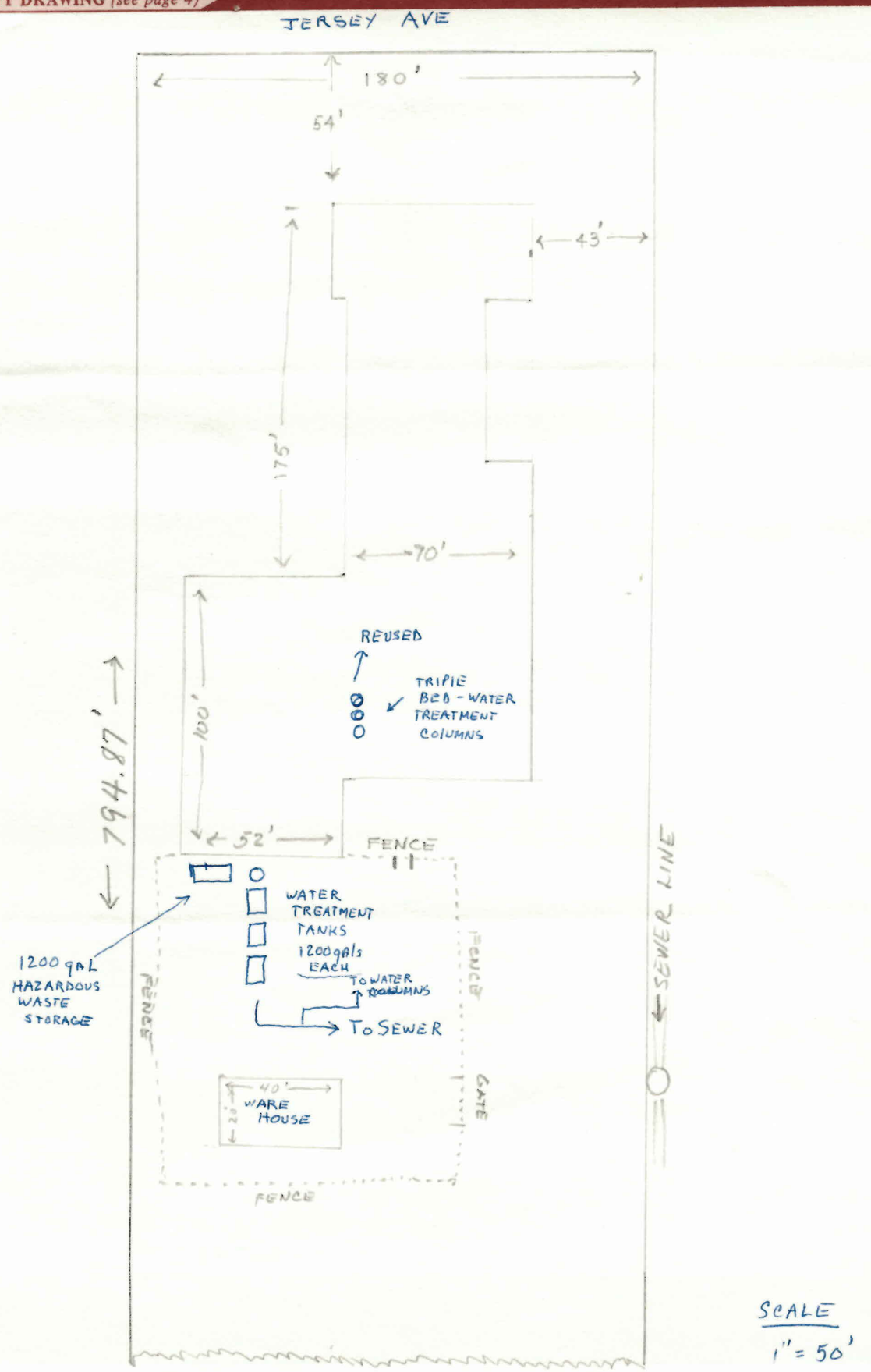
A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
ROBERT P. SICA V.P.	Robert P Sica	NOV 18, 1980

X. OPERATOR CERTIFICATION

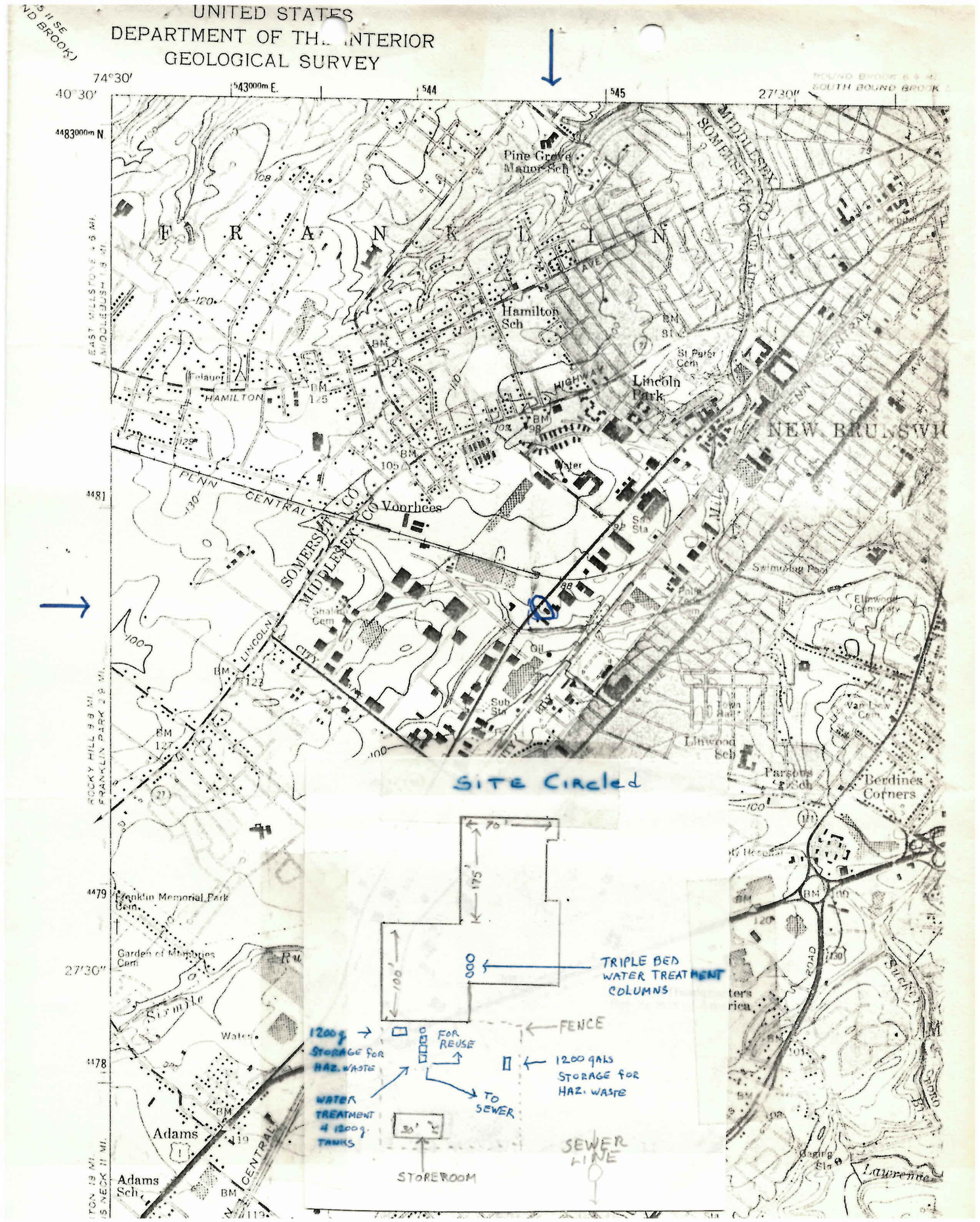
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
ROBERT P. SICA V.P.	Robert P Sica	NOV 18, 1980

V. FACILITY DRAWING *(see page 4)*



SCALE
1" = 50'


UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
74°30'
40°30'
27'30"
543000m E.
544
545
4483000m N
4481
4479
4478
FRANKLIN
Pine Grove Manor Sch
Hamilton Sch
Lincoln Park
HAMILTON
HIGHWAY
PENN CENTRAL
SOMERSET CO
MIDDLESEX CO
Voorhees
Water
Oil
Sub Sta
Swimming Pool
Elmwood Cemetery
Van Liew Cem
Linwood Sch
Parsons Sch
Berdines Corners
NEW BRUNSWICK
Franklin Memorial Park Cem
Garden of Memories Cem
Stumile
Adams
Adams Sch
LINCOLN
CITY
ROAD
Laurence
SITE Circled
70'
150'
100'
TRIPLE BED WATER TREATMENT COLUMNS
FENCE
1200g STORAGE FOR HAZ. WASTE
FOR REUSE
1200 gals STORAGE FOR HAZ. WASTE
TO SEWER
WATER TREATMENT 4 1200g TANKS
30'
STOREROOM
SEWER LINE

REAR VIEW RIGHT SIDE

REAR VIEW OF PLANT

REAR VIEW LEFT SIDE

FRONT OF BLDG LEFT SIDE

FRONT
RIGHT SIDE

TREATMENT TANKS
& SLUDGE TO LEFT

RCRA PRIORITIZATION SYSTEM SCORING SUMMARY

FOR

NEW BRUNSWICK PLATING, INC.

EPA SITE NUMBER: NJD002145886

NEW BRUNSWICK, NJ

SCORED BY: ROB SAVILL

OF CDM FEDERAL

ORIGINAL RANKING: 11/09/93 LAST RANKING: 11/09/93

GROUNDWATER SCORE	:	29.15
SURFACE WATER SCORE:		13.13
AIR ROUTE SCORE	:	7.84
ONSITE SCORE	:	0.00
---		---
MIGRATION SCORE	:	16.46

Low in RBRIS

EPA ID NO. : NJD002145886
NEW BRUNSWICK PLATING, INC.

WS-1 GROUNDWATER ROUTE

IS THERE AN OBSERVED RELEASE? P

ROUTE CHARACTERISTICS

DEPTH TO AQUIFER (FT.) : 9

NET PRECIPITATION (IN.) : 12

PHYSICAL STATE: LIQUID, GAS, SLUDGE

CONTAINMENT: GOOD

WASTE CHARACTERISTICS

CHEMICAL NAME OR WASTE CODE NUMBER: CHROMIUM

TOXICITY/PERSISTANCE VALUE: 18

QUANTITY KNOWN? NO

CUBIC YARDS OR TONS: 0
DRUMS : 0

AMOUNT IS LIKELY TO BE SMALL

TARGETS

GROUNDWATER USE: POSSIBLE DRINKING WATER

DISTANCE TO WELL (MILES): 0.2

EPA ID NO. : NJD002145886
NEW BRUNSWICK PLATING, INC.

WS-2 SURFACE WATER ROUTE

RELEASES

IS THERE AN OBSERVED RELEASE? N

IS THERE A PERMITTED OUTFALL? N

HAVE THERE BEEN PERMIT VIOLATIONS? N

ROUTE CHARACTERISTICS

FACILITY LOCATION: OTHER

24-HOUR RAINFALL: 2.7

DISTANCE TO SURFACE WATER (MILES): 0.42

PHYSICAL STATE: LIQUID, GAS, SLUDGE

CONTAINMENT: GOOD

WASTE CHARACTERISTICS

CHEMICAL NAME OR WASTE CODE NUMBER: CHROMIUM

TOXICITY/PERSISTANCE VALUE: 18

QUANTITY KNOWN? NO

CUBIC YARDS OR TONS: 0
DRUMS : 0

AMOUNT IS LIKELY TO BE SMALL

TARGETS

SURFACE WATER USE: POSSIBLE DRINKING WATER OR RECREATION

DISTANCE TO INTAKE OR CONTACT POINT (MILES): 0.4

DISTANCE TO SENSITIVE ENVIRONMENT (MILES): 0.4

EPA ID NO. : NJD002145886
NEW BRUNSWICK PLATING, INC.

WS-3 AIR ROUTE

RELEASES

IS THERE AN OBSERVED, UNPERMITTED, ON-GOING RELEASE? N

DOES THE FACILITY HAVE AN AIR OPERATING PERMIT(S)? N

HAVE THERE BEEN ANY PERMIT VIOLATIONS OR ODOR COMPLAINTS BY RESIDENTS? N

CAN CONTAMINANTS MIGRATE INTO AIR? Y

CONTAINMENT: FAIR

WASTE CHARACTERISTICS

CHEMICAL NAME OR WASTE CODE NUMBER: F001

TOXICITY/PERSISTANCE VALUE: 3

QUANTITY KNOWN? NO

CUBIC YARDS OR TONS: 0
DRUMS : 0

AMOUNT IS LIKELY TO BE SMALL

TARGETS

POPULATION: RESIDENCES ARE LOCATED WITHIN FOUR MILES

DISTANCE TO SENSITIVE ENVIRONMENT (MILES): 0.4

EPA ID NO. : NJD002145886
NEW BRUNSWICK PLATING, INC.

WS-4 ON SITE CONTAMINATION

ACCESS TO SITE: INACCESSIBLE

IS THERE AN OBSERVED SURFACE SOIL CONTAMINATION? N

CONTAINMENT: GOOD

WASTE CHARACTERISTICS

CHEMICAL NAME OR WASTE CODE NUMBER: CHROMIUM

TOXICITY/PERSISTANCE VALUE: 3

TARGETS

DISTANCE TO RESIDENTIAL AREAS (MILES): 0.20

IS THERE AN ON-SITE SENSITIVE ENVIRONMENT: N

RCRA PRIORITIZATION SYSTEM SCORING SUMMARY

FOR New Brunswick Plating, Inc
New Brunswick, NJ

EPA SITE NUMBER: NJD 002145886

SCORED BY: N. R. Thakuria
OF CDM Federal
ON 11/8/93

GROUNDWATER SCORE :

SURFACE WATER SCORE:

AIR ROUTE SCORE :

ONSITE SCORE :

MIGRATION SCORE :

Ref Draft
Environmental Priorities Initiative
Visual Site Inspection Report
Prepared by A.T. Kearney, Inc.
C-2 Kearney/Centaur Div., NY
Prepared for US EPA
EPA Contract # 68-W9-0040 Feb. 1993
WA # R02-32-01

EPA ID NO. : NJD002145886

WS-1 GROUNDWATER ROUTE

IS THERE AN OBSERVED RELEASE? N Ref Not documented
Score Possible

ROUTE CHARACTERISTICS

DEPTH TO AQUIFER (FT.) : < 10 Ref Not found, Base on site location assume < 10

NET PRECIPITATION (IN.) : 12 Ref NCAP Manual Fig D-1 & D-2

PHYSICAL STATE: Liquid & sludge Ref Part III, SWMU 1&2

* CONTAINMENT: good Ref Part III, SWMU - Waste Treatment Unit open tank/ Sound sec. Contain.

WASTE CHARACTERISTICS

CHEMICAL NAME OR WASTE CODE NUMBER: Chromium Ref Part III WU 1

TOXICITY/PERSISTANCE VALUE: 18 Ref Toxicity Table

QUANTITY KNOWN? N Ref not specified actual storage capacity

CUBIC YARDS OR TONS:
DRUMS :

Likely to small

TARGETS

GROUNDWATER USE: Possible drinking Ref Not Found Assume NCAP manual guide

DISTANCE TO WELL (MILES): < 1/4 Ref not found Assume Worse Case Distance to nearest residence.

* Assume - open tank can be overflow and have high potential of leaking thus assume good instead of very good

EPA ID NO. : NJD 002145886

WS-2 SURFACE WATER ROUTE

RELEASES

IS THERE AN OBSERVED RELEASE? N Ref Not documented for WU 1 & for WU 1 & 2 Ref Part III WU 2 & Part IV WU 3

IS THERE A PERMITTED OUTFALL? N Ref Part III, SWMU 1

HAVE THERE BEEN PERMIT VIOLATIONS? N Ref Part VII, conclusion

ROUTE CHARACTERISTICS

FACILITY LOCATION: > 100 yr flood Ref not found assume NCAP Manual

24-HOUR RAINFALL: 2.7 Ref NCAP Manual Fig D-3

DISTANCE TO SURFACE WATER (MILES): 0.42 Ref USGS map indica a creek.

PHYSICAL STATE: Liquid & sludge Ref Part III, SWMU 1 & 2

CONTAINMENT: good Ref Part III, SWMU 1 - Treatment Plant open tank.

WASTE CHARACTERISTICS

CHEMICAL NAME OR WASTE CODE NUMBER: chromium Ref Part III, WU 1

TOXICITY/PERSISTANCE VALUE: 18 Ref Toxicity Table

QUANTITY KNOWN? N Ref Not documented actual storage capacity

CUBIC YARDS OR TONS:
DRUMS :

Likely to be small

TARGETS

SURFACE WATER USE: Recreational Ref Not documented

DISTANCE TO INTAKE OR CONTACT POINT (MILES): $< \frac{1}{2}$ Ref USGS map

DISTANCE TO SENSITIVE ENVIRONMENT (MILES): (0.42)

No information: Assume < ½ mi.

EPA ID NO. : NJD002145886

WS-3 AIR ROUTE

RELEASES

IS THERE AN OBSERVED, UNPERMITTED, ON-GOING RELEASE? N Ref Not document

DOES THE FACILITY HAVE AN AIR OPERATING PERMIT(S)? N Ref Not Found

HAVE THERE BEEN ANY PERMIT VIOLATIONS OR ODOR COMPLAINTS BY RESIDENTS? N Ref Not documented

CAN CONTAMINANTS MIGRATE INTO AIR? Y Ref chemical characteristic

CONTAINMENT: Fair Ref all inside building WV1 open container/inside building

WASTE CHARACTERISTICS

CHEMICAL NAME OR WASTE CODE NUMBER: Trichloro ethane (F001) chromium Ref Part II site description

TOXICITY/PERSISTANCE VALUE: 3 Ref toxicity table for F001

QUANTITY KNOWN? N Ref actual capacity was not given

CUBIC YARDS OR TONS:
DRUMS :

Likely to be small

TARGETS

POPULATION: Y within 4 mile Ref USGS map

DISTANCE TO SENSITIVE ENVIRONMENT (MILES): No information: Assume ½ mi.

EPA ID NO. : NJD002145886

WS-4 ON SITE CONTAMINATION

ACCESS TO SITE: Inaccessible — Ref all unit in side building Fig 2

IS THERE AN OBSERVED SURFACE SOIL CONTAMINATION? N Ref Not documented

CONTAINMENT: good Ref Part III, SWMU-1, Waste water Treatment.

WASTE CHARACTERISTICS

CHEMICAL NAME OR WASTE CODE NUMBER: chromium Ref Part III WU1

TOXICITY/PERSISTANCE VALUE: 3 Ref Toxicity Table

TARGETS

DISTANCE TO RESIDENTIAL AREAS (MILES): $< \frac{1}{4}$ Ref Not give Base on location Assume $< \frac{1}{4}$ mile

IS THERE AN ON-SITE SENSITIVE ENVIRONMENT: N Ref Not given

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: July 30, 2015 - 4:58 PM

Version 5.0

User Selection Criteria

Location:	New Jersey, all activities	**Activity Location:**	None Chosen
Handler ID:	NJD002145886	**Group of IDs:**	None Chosen
Handler Name:			
Handler Universe:	All Facilities Regardless of Universe		
Determined Date Range:	From: 10/01/1980 To: 07/30/2015		
Location County Code:	None Chosen	**Evaluation Type:**	
Location City:		**Focus Area:**	
Location Zip Code:		**Violation Type:**	
State District:	None Chosen	**Display Code Descrip.:**	Yes
Sort Order:	Region, State, Handler Name	**Display Universes:**	Yes

Results

Data meeting the criteria you selected follows.

Total Pages:5 Total Handlers:1

Report Description

This report presents available information from the Resource Conservation and Recovery Act Information System (RCRAInfo) about compliance evaluations, violations, and enforcement actions meeting the criteria supplied by the user. Evaluations showing no violations does not always indicate that no violations were determined. Violation without enforcement actions does not always mean no enforcement action will be issued. In order to avoid releasing enforcement sensitive information to the public the following information is not shown on the report: pending civil / judicial referrals, criminal actions and referrals, and State to EPA referrals; all other enforcement actions are released.

Report Information

Name:	cme_foia.rdf
Developed by:	EPA Headquarters, Office of Enforcement and Compliance Assurance
Deployed:	June 2006
Last Updated:	May 2012
Contact:	rcrainfo.help@epa.gov
Tables Used:	cmecomp3, ccitation3, hreport_univ5, lu_citation, lu_state, hid_groups
Libraries:	none

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

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NEW BRUNSWICK NICKEL & CHROMIUM PLTG INC

Location: 596 JERSEY AVE; NEW BRUNSWICK, NJ 08903

Mailing: PO BOX 866; NEW BRUNSWICK, NJ 08903

County Name / Code: MIDDLESEX / NJ023

NJD002145886

REGION 02

Activity Location: NJ | State District: CENTRAL | Accessibility: | Non-Notifier: | Extract Flag: Y | Active Site: Y

Generator: SQG
Short-Term Gen: N
Full Enforcement: ------
CA Wrkld: N
Active State Gen: N

Transporter: N
Transfer Facility: N
Converter: ------
State TSDF: ------

Operating TSDF: ------
Offsite Receiver: N
State Unaddressed SNC: N
State Addressed SNC: N
State SNC w/Comp Sched: N

IC In Place: N
HSM: N
EPA Unaddressed SNC: N
EPA Addressed SNC: N
EPA SNC w/Comp Sched: N

EI Indicator (HE / GW): N / N
Subpart K: ----

Violation: Activity Location: NJ | Type: 262.A | Determined Date: 04/21/1997 | Determined by Agency: EPA | Responsible Agency: EPA

Scheduled Compliance Date: 06/25/1997 | Actual Compliance Date: 06/17/1997 | RTC Qualifier: OBSERVED | Sequence Number: 1

Former Citation - FR - 40 cfr 262.34 (a3; a2; & c1)

CEI Evaluation 04/21/1997 | Activity Location: NJ | By: EPA | Identifier: 000 | Person: R2OSK | Branch: RCB | Found Violation: YES
Citizen Complaint: NO | Multimedia Inspection: NO | Sampling: NO | Not Subtitle C: NO | Day Zero: | Focus Area:

Enforcement: Activity Location: NJ | Type: 120 | Action Date: 06/03/1997 | Identifier: 000
Docket: | Agency: EPA | Responsible Person: R2OSK | Branch: RCB
CA Component: N | Disposition Status: | Appeal Initiated: | Appeal Resolved:

Evaluations With No Violations:

CEI Evaluation 02/03/2010 Citizen Complaint: NO	Activity Location: NJ Multimedia Inspection: NO	By: State Sampling: NO	Identifier: 001 Not Subtitle C: NO	Person: COJBR Day Zero: 02/03/2010	Branch: C	Found Violation: NO Focus Area:
CEI Evaluation 06/11/2004 Citizen Complaint: NO	Activity Location: NJ Multimedia Inspection: NO	By: State Sampling: NO	Identifier: 001 Not Subtitle C: NO	Person: COCR Day Zero:	Branch: C	Found Violation: NO Focus Area:
CEI Evaluation 05/16/1995 Citizen Complaint: NO	Activity Location: NJ Multimedia Inspection: NO	By: State Sampling: NO	Identifier: 000 Not Subtitle C: NO	Person: NJBK Day Zero:	Branch: C	Found Violation: NO Focus Area:
CEI Evaluation 06/29/1993 Citizen Complaint: NO	Activity Location: NJ Multimedia Inspection: NO	By: State Sampling: NO	Identifier: 000 Not Subtitle C: NO	Person: R2DEP Day Zero:	Branch: NJ	Found Violation: NO Focus Area:
NRR Evaluation 05/16/1984 Citizen Complaint: NO	Activity Location: NJ Multimedia Inspection: NO	By: State Sampling: NO	Identifier: 002 Not Subtitle C: NO	Person: Day Zero:	Branch:	Found Violation: NO Focus Area:
NRR Evaluation 01/26/1984 Citizen Complaint: NO	Activity Location: NJ Multimedia Inspection: NO	By: State Sampling: NO	Identifier: 001 Not Subtitle C: NO	Person: Day Zero:	Branch:	Found Violation: NO Focus Area:

Orphan Enforcement Actions:

Enforcement: Activity Location: NJ | Type: 120 | Action Date: 05/25/1997 | Identifier: 000
Docket: | Agency: EPA | Responsible Person: R2 | Branch: RCB
CA Component: N | Disposition Status: | Appeal Initiated: | Appeal Resolved:

* Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

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Total Number of Handlers: 1
Total Number of Activity Locations: 1

*** End of Report ***

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FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: July 30, 2015 - 4:58 PM

Description of codes used on the report:

Universes	Description of Universes
Generator	Indicates that the facility is a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Conditionally Exempt Small Quantity Generator (CEG), or not a generator (N).
Transporter	Indicates that the facility Transports waste subject to RCRA regulations. ('Y' indicates that the facility is in this universe).
Operating TSDF	Indicates that the facility is a Treatment, Storage or Disposal facility subject to any type of enforcement. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
IC in Place	Indicates that the facility has Institutional Controls in place. ('Y' indicates that the facility is in this universe).
EI Indicator (HE / GW)	Indicates that the facility has controls in place for Environmental Indicators. HE - Human Exposures ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist) GW - Groundwater Release ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist)
Short-Term Gen	Indicates that the facility is a short term or one time event generator and not generating from ongoing processes.
Transfer Facility	Indicates that the facility transfers hazardous waste.
Offsite Receiver	Indicates that the facility, whether public or private, currently accepts hazardous waste from another site (site identified by a different EPA ID).
HSM	Indicates that the facility manages hazardous secondary material(s) (e.g. spent material, by-product or sludge) that when discarded, would be identified as hazardous waste.
Subpart K	Indicates that the facility has opted into the subpart K laboratory rule. It then specifies the type of facility (C - College or University; H - Teaching Hospital; N - Non-profit Research Institute; W - withdrawal from the rule)
Full Enforcement	Indicates that the facility is a Treatment, Storage or Disposal facility which is part of the Full Enforcement universe. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
CA Workload	Indicates that the facility is part of the Corrective Action Workload universe. ('Y' indicates that the facility is in this universe).
Active State Gen	Indicates that the facility is an Active State Generator. ('Y' indicates that the facility is in this universe).
Converter	Indicates that the facility is a Converter Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State TSDF	Indicates that the facility is a State Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State Unaddressed SNC	Indicates that the facility is a State Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State Addressed SNC	Indicates that the facility is a State Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State SNC w/ Compl. Sched	Indicates that the facility is a State Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).
EPA Unaddressed SNC	Indicates that the facility is an EPA Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA Addressed SNC	Indicates that the facility is an EPA Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA SNC w/ Compl. Sched	Indicates that the facility is a EPA Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).

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FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: July 30, 2015 - 4:58 PM

Description of codes used on the report:

ACCESSIBILITY - indicates the reason why the handler is not accessible for normal RCRA tracking and processing (previously called Bankrupt Indicator):

Code	Description
B	indicates that the handler has filed for bankruptcy and bankruptcy litigation is in process.
C	indicates that all RCRA responsibilities for permitting/closure, corrective action, and compliance monitoring and enforcement at the facility have been formally transferred to the CERCLA program or state equivalent.
F	indicates that all responsible parties (owners/operators) for the handler have fled the country or are otherwise not available for prosecution.
L	indicates that the handler's case is tied up in litigation to the extent that further progress in achieving RCRA compliance through normal enforcement is not possible.

NON-NOTIFIER - indicates that the handler has been identified through a source other than Notification and is suspected of conducting RCRA-regulated activities without proper authority:

Code	Description
E	indicates that the handler was initially a non-notifier, subsequently determined to be exempt from requirements to notify.
O	indicates that the handler is a former non-notifier.
X	indicates that the handler is a non-notifier.

Violation Type	Description
262.A	GENERATORS - GENERAL

Evaluation Type	Type Description
CEI	COMPLIANCE EVALUATION INSPECTION ON-SITE
NRR	NON-FINANCIAL RECORD REVIEW

Enforcement Type	Enforcement Description
120	WRITTEN INFORMAL

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